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ORIENTATION LEARNING NEEDS OF ADJUNCT CLINICAL FACULTY

Monica P. Sousa
Western Connecticut State University, sousam@wcsu.edu

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By

Monica P. Sousa ACNS-BC, APRN

Cheryl-Ann Resha, Ed.D, Dissertation Advisor

Daryle Brown, Ed.D, Committee Member

Antoinette Towle, Ed.D, Committee Member

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Cheryl-Ann Resha	Cheryl Ann Resha	7/27/15
Primary Advisor	Signature	Date
Daryle Brown	Daryle Brown	7/27/15
Secondary Advisor	Signature	Date
Antoinette Towle		7/27/15
Secondary Advisor	Signature	Date
Ellen Abate	Ellen Abate	7/27/15
Program Coordinator	Signature	Date

ABSTRACT

The United States is in the midst of a nursing faculty shortage and schools of nursing are no exception. Adjunct clinical faculty can help meet the need for more faculty and alleviate the faculty gap in clinical education. While the use of adjunct clinical faculty is an option, it is not without its challenges. The purpose of this descriptive, non-experimental quantitative study was to examine the orientation learning needs of adjunct clinical faculty as they transition from expert clinicians to novice educators. Benner's *Novice to Expert Theory* (1982) and Knowles' *Adult Learning Theory* (1980) were the theoretical frameworks that were used to guide the research and discussion of the findings. Using the Needs Assessment Survey for Topic Inclusion in a Guide to Orientation along with gathering demographic information, 106 adjunct clinical faculty rated the level of importance of topics to be included in an orientation. Items of most important were identified from these three categories: *Orientation of Clinical Component of Course*, *Orientation of Clinical Site*, and *Orientation of Nursing Course(s).* Additionally, several items that participants felt were *Very Important* were either omitted or not sufficiently discussed in their orientation. The majority of participants identified that satisfaction from teaching was the primary reason why they assumed the new role as adjunct clinical faculty compared to all other reasons combined, although no significance differences in their learning needs emerged. Adjunct clinical faculty who had a formal orientation were also compared to those who did not have a formal orientation. Nurses who had a formal orientation rated the importance of the nursing course items, on average, significantly higher than those adjunct clinical faculty who did not have a formal

orientation. The information obtained from this study adds to the body of literature for nursing practice and highlights additional areas for further research.

DEDICATION

To my family, Anabella, Sergio, Carlo, Cremilde, and Melissa. Without their love and support, I could not have completed this dissertation.

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CHAPTER 1

Introduction of Topic Area

A shortage of qualified nursing faculty poses a significant challenge for schools of nursing. Qualified nursing faculty are needed to produce nursing graduates that are highly needed to sustain the nursing work force. Schools of nursing across the country are considering various options to fill vacant nursing faculty positions in order to educate the future nursing work force. A report from the American Association of Colleges of Nursing (AACN, 2014a) stated, "United States nursing schools turned away 78,089 qualified applicants from baccalaureate and graduate nursing programs in 2013 due to an insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints."(n.p.) There are many factors that contribute to the faculty shortage. They include increased faculty age, increased number of faculty retiring over the next few years, higher compensation in other nursing careers, and not enough master's and doctorally prepared nurses entering nursing academia.

Nurse faculty shortage and retention of qualified faculty are current issues and likely to continue. The American Association of Colleges of Nursing (AACN) released a statement in October 2013, noting that there were 1,358 faculty vacancies within 680 nursing schools and these schools were at the same time creating an additional 98 positions to accommodate student demand (AACN, 2013b).

Not only does the nursing faculty shortage affect student enrollment, it also has a negative effect on the nation's healthcare system. The nursing shortage is well documented in the literature and schools of nursing have been challenged to increase the

number of nursing graduates to meet the demands of the nation's healthcare needs. In 2010, the Robert Wood Johnson Foundation and the Institute of Medicine (IOM) published a report titled, "The Future of Nursing: Leading Change, Advancing Health." The report pointed out that American health care is facing a dramatic shift, with nearly 20% of the population turning 65 years or older by 2030 (IOM, 2011a).

Nursing care has also been intensely changing. Nurses are responsible for coordinating care among several disciplines and agencies to help patients manage chronic illness and promote high quality and effective care. "A more educated nursing workforce would be better equipped to meet the demands of an evolving healthcare system, and this need could be met by increasing the percentage of nurses with a BSN (bachelors of science in nursing)" (IOM, 2011b, p. 3). The goal is to increase the proportion of nurses with a baccalaureate degree to 80% by 2020. To meet this recommendation by the IOM, the United States needs to increase the number of nursing faculty. Adjunct clinical faculty can help meet the need for more nursing faculty in academia.

The Bureau of Labor Statistics (BLS) reports that employment of registered nurses will increase by 19% from 2012 to 2022 (BLS, 2014). It is projected to be one of the lead occupations in terms of job growth. "Growth will occur for a number of reasons, including an increased emphasis on preventative care; growing rates of chronic conditions, such as diabetes and obesity, and demand for healthcare services from the baby boomer population, as they live longer and more active lives" (BLS, 2014, np). Schools of nursing must expand their capacity to meet the needs of the demand for nursing care. A study conducted by Tubbs-Cooley, Cimiotti, Silber, Sloane, and Aiken (2013) demonstrated that higher nurse-to-patient ratios were associated with higher

readmission rates. In another study, higher nurse-to-patient ratios were found to be associated with higher infection rates, including urinary tract infections and surgical site infections (Cimmiotti, Aiken, Sloane, & Wu, 2012). If there are not enough qualified nurse educators to educate nursing students, the nursing shortage will only worsen. This has a direct effect on the quality of patient care. In a study done in California, where there are mandated nurse-to-patient ratios, Aiken et al. found that lower nurse-to-patient ratios were associated with significantly lower mortality, less nursing burnout, less job dissatisfaction, and consistently better quality care (Aiken et al., 2010). Having lower nurse-to-patient ratios puts higher demands for more nurses in the workforce when a nursing shortage already exists. The need to have enough qualified faculty to teach the future nursing workforce is evident. In light of the findings, many schools of nursing look to adjunct faculty to help fill vacant full-time nursing faculty positions.

Hiring adjunct clinical nursing faculty to teach the clinical instruction portion of the nursing program is becoming increasingly popular in schools of nursing. Adjunct clinical nursing faculty help alleviate the faculty vacancies in clinical education. According to National Centers for Education Statistics (2014), "From fall 1991 to fall 2011, the number of full time instructional faculty in degree-granting postsecondary institutions increased by 42 percent while the number of part-time faculty increased by 162 percent" (n.d.). This resulted in a 50 percent increase in the number of part-time faculty during this time period. Most schools of nursing offer part-time or "adjunct" faculty positions for both clinical and classroom instruction. This position is given to someone whose primary employment is outside the school of nursing, but whose

knowledge, skills, clinical expertise, and clinical competence are particularly desired by the school (Penn, Wilson, & Rosseter, 2008).

While the use of adjunct clinical faculty is an option, it is not without challenges, in particular the role transition that many faculty, full- or part-time, experience in their move to academia. It is well documented that the transition from clinical practice to the academic arena is a major transition for any nurse. Additionally, the process of nurses' transition from clinical practice to nursing academia has been well researched (Anderson, 2009; Cangelosi, Crocker, & Sorrell, 2009; Cranford, 2013; Hewitt & Lewallen, 2010; McDonald, 2010; Janzen, 2010; Roberts, Chrisman, & Flowers, 2013; Schoening, 2013). The nurse is usually an expert clinician, and then transitions into a novice nurse educator role. The nurse may be an expert in his/her practice; however, many do not have the knowledge, skill, and experience necessary to be effective in an educational environment. There are many different expectations and responsibilities involved in this new role.

Baker (2010) utilized the literature to identify best practices for full-time faculty orientation and subsequently developed an orientation program. A posttest was used to evaluate perceived teaching competency in several skill areas. Baker (2010) identified that a formal orientation program can prepare, nurture, and socialize new nurse educators for the role, increase job satisfaction, and retention. With the shortage of nursing faculty in the United States, schools of nursing need to develop ways to improve adjunct faculty retention and job satisfaction.

This transition from clinical practice to nurse educator is a vulnerable period that can either promote the nurse educator role or discourage nurses who otherwise might possess qualities of a good educator. If supported, adjunct faculty may find that they

enjoy teaching and may want to take on a more active educator role. McDonald (2010) identified three categories that are significant during the transition from clinical nursing practice to faculty role. They are knowledge deficit, culture and support, and salary and workload. When a new faculty takes on the role of nurse educator, he/she must learn about the new organization, how to teach both the clinical and classroom setting and how to manage scholarship endeavors. Novice faculty also need information regarding curriculum development, classroom instruction, evaluation, and the clinical agency. Additionally, they need information on how to deal with difficult student situations, e.g., the student who is not performing at the minimum proficiency level and how to handle student who has been injured in the clinical site. If there is a lack of knowledge in these areas, the novice educator will be frustrated, which may lead to a decrease in job satisfaction and result in attrition. These adjunct faculty teaching in the clinical setting are competent in their nursing specialty; however, as previously noted many lack the education to teach nursing students (West, Borden, Bermudez, Hanson-Zalot, Amorim, & Marmion, 2009). Graduates from a master's program, which is the educational level of some clinical adjunct faculty, may not have had education-based courses, including teaching, pedagogy, evaluation methods, and curriculum development. West et al., (2009) suggested that without appropriate orientation to the academic educator role, a new clinical adjunct may experience stress and anxiety because of new expectations, responsibilities, values of the institution, as well as the new experience of working with 8 to 12 students.

Nursing faculty are faced with challenges regarding their teaching roles in addition to their academic responsibilities, such as publishing, conducting research, grant

writing, and maintaining clinical expertise (Allen, 2008). These are usually expectations for full-time faculty and can add to the stress of learning a new role. With the current nursing faculty shortage, some adjunct faculty may be inclined to go back to school for their doctoral degree and become full-time faculty if they are successfully mentored and encouraged as adjunct faculty (West et al., 2009). Providing the resources and support to new faculty may help retain these faculty for future employment. Seasoned faculty can help to alleviate the faculty shortage by engaging this type of collegiality.

One area receiving little attention in the literature is the orientation learning needs of adjunct clinical faculty as they transition into the role of novice educator from that of expert clinician. Many times, orientation programs are developed by full-time faculty based on what they perceive new adjunct clinical faculty may need. In addition, there is a gap in the literature regarding what novice adjunct clinical faculty identify as their learning needs at orientation. Seal-Whitlock (2002) developed a learning needs assessment tool for topics to be included in an orientation. This tool was designed for adjunct clinical faculty. To date, it appears that this tool has only been used one other time in Canada by Davidson and Rourke (2012) to identify what adjunct clinical faculty felt they needed in an orientation.

The use of adjunct clinical faculty is projected to grow to meet the increasing demands of schools of nursing. These nurses are clinical experts who move to the role of novice nurse educators. Many times these new faculty are not offered an orientation process that includes preparation for clinical instruction, strategies to assist students in achieving clinical objectives, and evaluating outcomes. The current literature contains numerous articles regarding mentorship, transition into academia, and teaching strategies.

However, many of these articles are focused on full-time faculty and not the specific or unique needs of the clinical adjunct faculty. By better understanding the orientation learning needs of adjunct clinical faculty, schools of nursing can develop orientation programs to meet their unique needs. Orientation programs would provide novice adjunct clinical faculty with a foundation to build upon as they transition and become acclimated into their role. Through orientation and support, it is hoped that the adjunct clinical faculty would continue to teach, which in turn would help alleviate the faculty vacancies and, perhaps, would even consider transitioning to full-time faculty.

Rationale for Selecting Topic

The United States is in the midst of a nursing faculty shortage. This faculty shortage is directly affecting the enrollment of qualified applicants from entering schools of nursing, which in turn has a direct effect on the national health care system. "A more educated nursing workforce would be better equipped to meet the demands of an evolving healthcare system, and this need could be met by increasing the percentage of nurses with a BSN (bachelors of science in nursing)" (IOM, 2011b, p. 3). The recommendation from this report includes increasing the proportion of nurses with a baccalaureate degree to 80% by 2020. To meet this recommendation by the IOM, the United States needs to increase the number of nursing faculty. Adjunct clinical faculty can help meet the need for more faculty and alleviate the faculty gap in clinical education. While the use of adjunct clinical faculty is an option, it is not without its challenges. The main challenge noted is role transition and the need to facilitate a smooth transition. It cannot be expected that expert clinical nurses are prepared for the

role of adjunct clinical faculty; therefore, effective ways to facilitate transition into this new role are necessary (Cangelosi, Crocker, & Sorrell, 2009).

Significance

Transition from clinical practice to the academic environment is very challenging, with new expectations, new roles, new language, and new dynamics. The majority of the literature focuses on the transition of full-time faculty. There are only a few articles that describe the needs of adjunct clinical faculty as they make the transition from expert clinicians to novice educators. Adjunct clinical faculty may not have the educational background to academically prepare and educate the nursing students under their direction. This transition from clinical practice to nurse educator is a vulnerable period that can either promote the nurse educator role or discourage nurses who otherwise might possess qualities of a good educator. Adjunct clinical faculty may decide to teach the way they were taught without understanding the concepts of educational theory or teaching methodologies. If supported, adjunct clinical faculty may find that they enjoy teaching and may want to take on a more active educator role.

One area that has had little attention in the literature is the orientation needs of adjunct clinical faculty. The literature describes what orientation should include for adjunct clinical faculty, but it is unclear whether these recommendations are based on what adjunct faculty say they need or what schools of nursing administrators feel they need. Based on the results of a qualitative study done by Weidman (2013), schools of nursing need to offer a more extensive orientation program to the novice nurse educator as they transition into their new role. Bell-Scriber and Morton (2009) found that despite positive evaluations on the orientation that they provided to adjunct clinical faculty,

adjunct faculty felt that it did not meet their needs as they transitioned into the new roles. By better understanding the orientation needs of adjunct clinical faculty, schools of nursing will be able to provide an orientation that will meet their unique needs and support retention of this critical resource.

Problem Statement

Adjunct faculty are in demand because nursing schools are faced with nursing faculty shortages. Hiring adjunct faculty is a strategy that schools of nursing use to fill vacant positions. According to the National League for Nursing [NLN] (2010), "The 2006 census estimated that the number of part-time baccalaureate faculty grew 72.5 percent since 2002, and that more than 58% of baccalaureate and higher degree programs and almost half of associate degree programs (47.5%) report hiring part-time faculty as their primary strategy to compensate for unfilled, budgeted, full-time positions" (p. 2). The NLN supports the efforts of schools of nursing to employ expert clinical nurses to academia. Senior faculty can help mentor and foster professional growth to these faculty members as they transition into the role (NLN, 2002). Adjunct clinical faculty are being hired primarily to teach in the clinical setting to off-set the clinical faculty vacancies. The transition into academia is a challenging one. A descriptive, non-experimental quantitative approach was chosen to examine what information novice adjunct clinical faculty need during orientation to be successful in their transition from expert clinicians to novice educators. Benner's *From Novice to Expert Theory (1982)* and Knowles' *Adult Learning Theory* (1980) are the theoretical frameworks that were used to guide the research and discussion of the findings.

Purpose

There is a lack of literature that examines what new adjunct clinical faculty need to know to be prepared for their new role (Hewitt & Lewallen, 2010). The purpose of this descriptive, non-experimental quantitative study was to examine the orientation learning needs of adjunct clinical faculty as they transition from expert clinicians to novice educators.

Research Questions

The specific research questions that guided this study were:

1. What factors (variables) do adjunct clinical faculty identify as the most influential in their decision to transition from expert clinicians to novice nurse educators?
2. What learning needs do adjunct clinical faculty identify as they transition from expert clinicians to novice nurse educator?
3. Do participant demographics impact the learning needs of expert clinicians as they transition to the novice nurse educator role?

Key Words: Adjunct Faculty, Clinical Instruction, Clinical Teaching, Nursing Education, Orientation, Part-Time Faculty, Mentoring, Novice to Expert, Transitioning into Academia, and Role Transition.

Definition of Terms

Adjunct Faculty: Contracted faculty who work part-time, are not on a tenure track, and have the primary responsibility for clinical education of nursing students in a healthcare environment.

Advanced beginner: Someone who can demonstrate marginally acceptable performance because he/she has had prior experience in actual situations (Benner, 1982)

Baccalaureate nursing student: A student who is enrolled in a baccalaureate nursing program.

Clinical Instruction: Education that occurs in a healthcare setting, where nursing students care for patients under the guidance of clinical faculty.

Competent: Someone who has been on the job or similar job for two to three years. He/she is able to demonstrate efficiency, is coordinated, and has confidence in his/her actions (Benner, 1982).

Course Coordinator: Faculty member who is designated as course coordinator or is the primary/lead instructor of a nursing course that has a clinical component associated with the didactic portion. They are individuals who are in charge of theoretical (classroom) and clinical components of the core nursing course in which adjunct clinical faculty provide clinical instruction (Testut, 2013).

Effective clinical teaching: Refers to the ability of the clinical teacher to apply different types of knowledge to enhance student learning. The knowledge could be both teaching and professional, pedagogical, general, or political (Okoronkwo, Onyia-Pat, Agbo, Okpala, & Ndu, 2013).

Expert: Someone who no longer relies on an analytic principle to connect her/his understanding of the situation to an appropriate action (Benner, 1982).

Learning Needs: Gaps between a person's competency and expectations of the new role.

Mentoring: "[A] teaching-learning process that is mutually beneficial to both the mentor and mentee, but is focused on the orientation, socialization, and professional development

of mentees" (n.p.) (Specht, 2009 as cited in Specht, 2013). Mentoring involves a relationship between one who is expert and another who looks to the expert for knowledge, consultation, and advocacy (Blauvelt & Spath, 2008).

Needs Assessment: A method to identify the needs of a group or community; in this case, the needs of new adjunct clinical faculty during transition from clinical to academic setting.

Novice: Someone who has no experience in the situation in which he/she is expected to perform (Benner, 1982). Novices have 0-2 years of experience in the situation.

Nursing Education: Undergraduate education for the student pursuing a nursing degree, which includes classroom, seminar /lab and clinical instruction.

Orientation: Introduction of clinical nursing faculty to the job responsibilities associated with the role of a part-time clinical faculty.

Part-time faculty: Also known as adjunct faculty, part-time faculty are paid per course taught or clinical supervision, usually receive no benefits, and are not in a tenure-track position.

Proficient: Someone who is able to perceive situations as a whole rather than in terms of aspects (Benner, 1982).

Introduction to Conceptual Framework

The frameworks for this research study were Benner's *From Novice to Expert Theory (1982)* and Knowles's *Adult Learning Theory* (1980). Benner's theory suggests that expert clinicians often are viewed as novice clinical faculty during the initial transition from a practice setting to academia. According to Benner (1982), nurses go through five levels of proficiency as they achieve knowledge, skill, and competency in

their particular clinical area. The stages discussed in this theory are stage 1: Novice or Beginner, stage 2: Advanced Beginner, stage 3: Competent, stage 4: Proficient, and Stage 5: Expert. This theory is useful in explaining how a graduate nurse transitions into the new role of a nurse. The stages described by Benner can be adapted to any nurse learning a new role. A clinical nurse is an expert in his/her clinical practice; however, when he/she transitions into the educator role, he/she is no longer an expert. In this study this theoretical framework is used to explain the process of the expert clinical nurse transitioning to the role of novice nurse educator.

The second theoretical framework that guides this research comes from Malcolm Knowles, the Father of Andragogy (1980). His *Theory of Adult Learning* describes the unique characteristics of the adult learner that are different from the child learner. The andragogical model is based on six assumptions of the adult learner that have been expanded over the years (Knowles, Holton, & Swanson, 2011): 1) *The need to know;* 2) *The learners' self-concept;* 3) *The role of the learners' experience;* 4) *Readiness to learn;* 5) *Orientation to learning;* and 6) *Motivation.* As adult learners, adjunct clinical faculty can use some skills they have developed from working into their new role as adjunct clinical faculty. They come with some information and are eager to learn. This assists them as they orient to their new role as nurse educators.

Assumptions

Assumptions regarding this study are: adjunct clinical faculty lack teaching experience and learning preparation for their role; master's programs do not provide the educational preparation for teaching undergraduate nursing students; and participants are responding truthfully to the survey based on their own thoughts. Orientation is supported

in the literature as a necessary process for clinical nurses transitioning into the new role as clinical adjunct faculty. Another assumption is that the orientation learning needs and the transition of adjunct clinical faculty are different than those of full-time nursing faculty. Finally, if adjunct clinical faculty have an orientation, they may have answered the survey based on the information they received versus what they felt is needed in an orientation.

Summary

This dissertation is organized in five separate chapters. Chapter 1 provided the introduction, background, need for the study, and the research questions. The literature review covering the areas of nursing faculty shortage, adjunct clinical faculty, the transition from expert clinician to novice nurse educator, clinical teaching effectiveness, and adjunct clinical faculty needs is included in Chapter 2. Chapter 3 details the methodology of the study, including research design, sampling framework, and data analysis based on the research questions. Chapter 4 contains the study's findings. The final chapter, Chapter 5, includes a summary and discussion of the research findings, identification of limitations, implications for nursing practice and future research.

The current literature primarily focuses on the transition of clinical nurse to the full-time educator role. Literature regarding the transition of clinical nurse to adjunct clinical faculty is lacking. Even more so is lack of understanding what adjunct clinical faculty need for an orientation during this transition. The research explored orientation learning needs of adjunct clinical faculty; topics adjunct clinical faculty felt they needed more information about and information they felt was missing from the orientation as they transitioned into academia.

CHAPTER 2

Literature Review

A thorough literature review was completed to gather information regarding the transition from expert clinical nurse to novice adjunct clinical faculty. The purpose of this descriptive, non-experimental quantitative study was to examine the learning needs of adjunct clinical faculty as they transition from expert clinicians to novice nurse educators. The specific areas explored in the literature review were nursing faculty shortage, adjunct faculty, the transition from expert clinician to novice nurse educator, clinical teaching effectiveness, adjunct clinical faculty needs during orientation, Benner's *From Novice to Expert Theory*, and Knowles' *Adult Learning Theory.*

Library databases that were reviewed included Cumulative Index to Nursing and Allied Health Literature (CINAHL), OVID Nursing, and ProQuest. The following search terms were used: adjunct clinical faculty, adjunct faculty, clinical teaching effectiveness, clinical education, transition, nursing faculty shortage, and novice nurse educator.

Nursing Faculty Shortage

The United States is in the midst of a nursing faculty shortage. A survey conducted by AACN (2013b) found that of 680 respondents, 60.9% of nursing programs had full-time vacancies, while another 14.4% of nursing programs reported no full-time vacancies, but reported a need for additional faculty. The range of number of full-time vacancies ranged from 1 to 29. The national nurse faculty vacancy rate is 8.3% (AACN, 2013b), which correlates to 78,089 qualified nursing students being turned away from baccalaureate and graduate nursing programs in 2013 (AACN, 2014a). Regionally,

among schools of nursing reporting faculty vacancies, the North Atlantic region has the highest vacancy rate (12.1%). The following data are the full-time faculty vacancy rates by region: West 10.7%, Midwest 10.3%, and South 10.7%. When comparing public institutions to private/secular and private/religious institutions, the following full-time vacancy rates were reported: public 10.5%, private/secular 12.4%, and private/religious, 10.4%. Seventy-nine and one-half (79.5) percent of full-time vacancies reported were for faculty positions in baccalaureate only or combination of baccalaureate with other programs, such as master's and doctoral programs. The aim of this study focused on the baccalaureate undergraduate nursing programs only. When looking at faculty responsibilities for these vacant full-time positions, 3.7% were for clinical only, while 72% were for both clinical and classroom. This demonstrates the huge need for faculty to teach in the clinical setting. The survey cited several top recruitment barriers for full-time faculty, including insufficient funds to hire new staff, noncompetitive salaries, unavailability of qualified applicants for faculty positions in their geographic areas, and unwillingness of administrations to commit to additional full-time faculty positions. An interesting barrier that was also reported was finding faculty willing and able to teach clinical courses. Other factors that help explain why there is a nursing faculty shortage include many faculty are at or near retirement age, higher compensations in clinical and private-sector settings, and lack of doctorally prepared nurses entering academia (AACN, 2014b).

A study completed by Fang, Li, and Bednash (2013) for AACN entitled *2012-2013 Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing,* found that the average age of a doctorally prepared

nursing faculty was over 51 years of age. Specifically, the average age for a doctorally prepared assistant professor was 51.5 years. For nursing faculty at the ranks of associate professor and professor, the average ages were 57.7 years and 61.3 years respectively. When examining faculty who hold master's degrees, the average ages for professors, associate professors and assistant professors were 57.2, 56.8, and 51.2 years, respectively (Fang, Li, & Bednash, 2013).

Salary in academia is a huge deterrent for clinical nurses to transition into the adjunct clinical faculty role. For example, in Connecticut an expert clinical nurse makes about $78,000 per year, while a nursing faculty at an instructor level makes about $58,000 per year (Salary.com, 2014). Clinical nurses not only include those practicing at the bedside, but also those who have chosen the advanced nursing practice role, such as nurse practitioners. There is a salary discrepancy between what a nurse practitioner makes in clinical practice versus salary in academia. In a study by Wolfgang (2014), the average salary for a nurse practitioner was over $98,000, while Fang, Li, and Bednash, (2013) reported the average salary for a master's prepared assistant professor in academia was slightly greater than $65,000. Nurse practitioners are being recruited to clinical practices to meet the demand of the primary care provider shortage, which further compromises master's degree prepared nurses from entering the academic arena, thus decreasing the pool of adjunct clinical faculty. For example, in Connecticut, Health Resources and Services Administration (HRSA) estimates that 111 additional primary care providers are need to adequately serve in the 37 Health Professional Shortage Areas (U.S. Department of Health and Human Services, HRSA, 2013); the average salary for a nurse practitioner is $94,239 (Wolfgang, 2013), and the average salary for a master's

degree prepared nurse assistant professor is $66,464 (Salary.com, 2014). In order to attract master's degree prepared nurse faculty, schools of nursing must provide more competitive compensation. Noncompetitive salaries were the second most cited faculty recruitment barrier in the survey conducted by AACN (2013b).

Schools of nursing require or prefer nursing faculty to have a doctorate degree. In a recent survey (AACN, 2013b), 56.9% of nursing programs require that faculty have earned their doctorate degree, while 30.0% require a master's degree in nursing although a doctorate is preferred for vacant full-time faculty positions. In the same study, the most commonly cited faculty recruitment barrier was a limited pool of doctorally prepared faculty. According to Joynt and Kimball (2008), "In 2002, the median age of recipients awarded a nursing doctoral degree was 47.3 years, with half of the new doctorates between the ages of 45 and 54" (p. 9). When comparing these findings to those of Fang and colleagues (2013), who reported the average age of doctorally prepared professors to be 51.5 years, it is evident that in 10 years there has not been much progress in moving doctorally prepared nurses to graduation at a younger age. Due to the advanced age at graduation, the number of productive teaching and research years are limited. Joynt and Kimball (2008) also pointed out the time it takes nursing doctoral students to finish their degree. On average, nursing doctoral students spend more than eight years registered in a doctoral program. Some reasons noted for this phenomenon occurred were students going to school part time and the "conventional wisdom in the nursing profession that individuals need significant clinical experience before pursuing graduate degrees" (Joynt & Kimball, 2008, p. 9). For 2013 in Connecticut, 79 students were enrolled in a research-focused (PhD) program, while only 4 graduated in the same year (AACN,

2013a). The low number of doctoral graduates continues to be an issue since this graduation rate is unable to meet the needs of the schools of nursing in the state even if all graduates were to choose academia as a career path. Since 2010, there has been a steady increase in student enrollment in doctoral programs, while there has been a steady decrease in the number of students who graduate from the research-focused programs, again demonstrating the inability to produce enough doctorally prepared nurses to meet academic needs. In a 2005 report, AACN reported that 22% of doctoral graduates had employment commitments in settings outside of nursing academia (AACN, 2005).

The nursing faculty shortage continues to be a problem in academia and from the literature it does not appear to be going away any time soon. Many factors have played into why the United States is in a nursing faculty shortage. As indicated in the literature, advanced faculty ages, faculty at or approaching retirement, higher compensations in clinical and private-sector settings, and lack of doctorally prepared nurses choosing nursing education as a career path are all factors contributing to the nursing adjunct faculty shortage. In addition to faculty shortage, another area in the literature related to examining the transition from expert clinical nurse to novice adjunct clinical faculty, is understanding what is known about adjunct faculty. The following section on adjunct faculty examines adjunct faculty and their roles.

Adjunct Faculty

Adjunct faculty are regularly hired to fill clinical course vacancies that exist in schools of nursing. "Schools of nursing are turning to direct care nurses to fill the gap between academia and clinical education" (Mitchell & King-Jones, 2012, p. 58). There are a few reasons why clinical nurses want to become adjunct clinical faculty. Koharchik

(2014) described some of these reasons, such as the rewards of teaching nursing students, ability to mentor nursing students, and seeing students increase their confidence and abilities while working with patients. Another benefit of becoming clinical faculty is discounted tuition for academic courses from the institution where they are teaching. According to Koharchik (2014), "the tuition discount is a win-win situation for nurses and educational programs" (p. 66). Adjunct clinical faculty bring relevant and up-to-date clinical expertise and experiences to the courses that they teach. According to Mitchell and King-Jones (2012), being a direct care nurse provides an advantage to someone transitioning into the adjunct clinical faculty role. These clinical nurses are oriented to the hospital, have experience in their field, have working relationships with members of the healthcare team, understand facility policies and procedures, and know how to access patient information. They can serve as role models and assist students in connecting the clinical experience to what they are learning in class. Understanding the adjunct faculty role is important since adjunct faculty impact the quality of teaching and student learning. These part-time faculty are usually paid less than full-time and are often assigned higher teaching workloads (Roberts & Glod, 2013). This equates to teaching more courses for lower pay. Hiring adjunct faculty provides schools of nursing with flexibility. Because adjunct faculty are not tenured, they are hired on a temporary, semester-by-semester contract basis, and have lower salaries. Often these faculty members are not given voting rights and are not eligible for participation in school committees or governance. Schools of nursing often do not seek the opinions or suggestions of adjunct faculty or include them in program operations. "Although part-time faculty may be very good teachers, they are often not rewarded by or are oriented to the development of the institution and

the curriculum, traditionally the responsibility of the full-time, tenured-line faculty" (Roberts & Glod, 2013, p. 101).

Forbes, Hickey, and White (2010) conducted a study to identify needs of adjunct faculty in order to create specific strategies for their development and to ensure job satisfaction and retention. The profile of adjunct faculty that emerged included a range of teaching experience, from less than one year to 40 years, and that they were four times more likely to be assigned clinical courses than to classroom courses. All adjunct faculty were masters prepared, but most had no formal teaching or education courses. The clinical specialties represented in the sample included mental health nursing, community health nursing, pediatrics, obstetrics, and clinics; however, the majority had medical-surgical or intensive care experience. Some of the needs identified by adjunct clinical faculty included resources, a go-to person, textbook information and instructional resources, course material, and technology assistance. This study is important because it demonstrates the overall lack of information about adjunct faculty in the literature. It provides an idea of who adjunct faculty are, their clinical background, and identified teaching needs.

Schools of nursing are hiring part-time clinical faculty who have little to no teaching experience (Hewitt & Lewallen, 2010). With the current nursing faculty shortage (AACN, 2014b), one can expect that the need to hire part-time clinical instructors will continue to grow. According to West, Borden, Bermudez, Hanson-Zalot, Amorim, and Marmion (2009), adjunct faculty were cost effective because they do not receive benefits and are hired on a semester-by-semester basis. In the United States there is a nursing shortage that is anticipated to increase over the next few years (AACN,

2014b). With the need to educate more nurses, schools of nursing are increasing their enrollment. With the increase in enrollment, adjunct faculty are needed to fill the added clinical sections and faculty vacancies.

West et al. (2009) identified challenges surrounding adjunct clinical faculty. For administrators to hire and retain adjunct faculty, they must offer competitive hourly salary rates. They were also concerned with maintaining the integrity of the program's mission and philosophy as an increasing number of part-time faculty are hired (West et al., 2009). Since clinical adjunct faculty provide instruction in the clinical setting, there is less of an opportunity for them to work with and collaborate with full-time faculty. Adjunct faculty are less likely to feel part of the organization they are teaching for. The culture of academia is different than what part-time faculty are accustomed to in clinical practice. "Without appropriate orientation to the role, a new clinical adjunct may become stressed because of new expectations, values of the institution, and the new experience of working with 8 to 12 students" (West et al., 2009, p. 307).

Adjunct faculty are utilized to fill clinical instruction vacancies in the midst of the current nursing faculty shortage. Many times adjunct faculty have little to no educational preparation to teach nursing students. Based on the literature, they are paid less than full-time faculty; however, they generally have larger workloads. Adjunct clinical faculty come from various backgrounds with different clinical expertise. In this section, the researcher began the discussion on the needs of adjunct clinical faculty in transition into this new role. In the next section, the transition from expert clinician to novice educator and the needs of adjunct faculty as they make this role transition are described in more detail.

Transition from Expert Clinician to Novice Nurse Educator

The transition from expert clinical nurse to novice nurse educator has been cited in the literature as a difficult transition. The majority of the literature on transition was for full-time faculty. There is little literature regarding adjunct clinical faculty's transition into academia. McDonald (2010) identified challenges of adjunct clinical faculty during the transition to the academic role. Using *Benner's From Novice to Expert Theory*, McDonald (2010) described the challenges of transition into a new role, which were similar to what new nursing graduates faced when transitioning into their first job as registered nurses. Adjunct clinical faculty came with clinical expertise, but had not yet developed the core competencies of nurse educators. Students have the expectations that their professors are at expert or at least competent stage in teaching in addition to being expert clinicians (McDonald, 2010). Some specific challenges related to the transition of expert clinician to novice nurse educator that were discussed included workload, salaries, knowledge deficit, learning new academic language, learning new organizations, and learning the new role. Part of the solution for successfully meeting these challenges included a structured and formal orientation and mentorship program.

McDonald (2010) identified three categories that are important to address during the transitioning from clinical practice to adjunct clinical faculty through her personal experience and from the literature. These were knowledge deficit, culture and support, salary, and workload. When a new faculty takes on the role of nurse educator, he/she must learn about the organization, teaching in a classroom and clinical setting, and scholarship. Novice faculty require information regarding curriculum development, classroom instruction, evaluation, and the clinical agency. If there is a lack of knowledge

in these areas, the novice educator may become frustrated, which can lead to a decrease in job satisfaction and early departure from the position. By empowering adjunct faculty with knowledge and support, they are less likely to experience burnout and low work satisfaction (Baker, 2010).

Nursing faculty's main role is to educate future nurses, but they also have additional responsibilities, such as publishing, conducting research, grant writing, and maintaining their own clinical competencies (Allen, 2008). With the current nursing faculty shortage, some adjunct faculty may be attracted to go back to school for their doctorate and become full-time faculty, if they are mentored and encouraged when they are in the adjunct role (West et al., 2009). Retention rates can be influenced by the orientation and mentorship that are provided by schools of nursing. In a study by Baker (2010), after implementing a formal structured orientation and mentorship program, there was a 91% retention rate of new faculty over three years.

Research regarding nurse faculty retention and satisfaction focused on nursing faculty in general. Adjunct faculty were not specifically mentioned. In a study done by Gromley (2003), role conflict and role ambiguity had an inverse relationship to job satisfaction. "The mean effect size of the role conflict and role ambiguity was moderate to strong, denoting both role conflict and ambiguity as significant predictors for job satisfaction in nursing faculty" (Gromley, 2003, p. 177). Bittner and O'Connor (2012) conducted a study in the New England region to identify barriers to nurse faculty satisfaction. In regards to workload, 65% of nursing faculty reported that their workloads were larger than they had initially expected. The majority of participants (87%) reported they were satisfied with their job overall. Over half of the participants reported that they

were dissatisfied or very dissatisfied with their salaries and approximately 19% of them were likely to leave their positions within one year, while 52% were likely to leave within five years. Improved compensation, retirement, seeking improved flexibility in work-life balance, and career advancement were cited as reasons for leaving their jobs (Bittner & O'Connor, 2012). Strategies to improve the work environment and workload are two key areas that schools of nursing need to focus on if they hope to retain and attract nursing faculty to their programs. Bittner and O'Connor (2012) suggested that "supporting transitioning into the role through formal and informal mentoring programs and relationship/teambuilding activities will assist with retention" (p. 254).

The transition from clinical practice to nurse educator is a vulnerable period that can promote the nurse educator role or turn away nurses who possess qualities of a good educator. Adjunct clinical faculty may find that they enjoy teaching and may want to take on a more active educator role. Orientation is defined as "the process of giving people training and information about a new job, situation, etc." (Merriam-Webster's online dictionary, 2014). Mentorship is defined as "someone who teaches or gives help and advice to a less experienced and often younger person" (Merriam-Webster's online dictionary, 2014).

New faculty orientation and mentoring can help establish consistency for students in their learning expectations, promote learning assignments that meet course standards, and help establish a collaborative and positive working relationship with clinical agencies. According to Baker (2010),

> The overall goals of the new faculty orientation program were to provide orientation to the philosophies, goals, and general policies and procedures of the

> college and the nursing department; support and assist novice faculty in the development of needed instructional skills; establish a learning community in which novice faculty are supported and socialized into the role of nurse educator; and retain new educators in the nursing program. (p. 415)

Orientation programs discussed in the literature varied. The length of the program differed from hours to days. Some orientations were provided at the beginning of the semester while others were intermittent throughout the first year. Baker's (2010) study suggested instructional topics for an orientation program. These topics included overall program curriculum, student outcomes/syllabus/lesson plan development, student retention/remediation strategies, technology in learning, theory and clinical instructional techniques, handling/documenting student issues, creative teaching strategies, maintaining professional boundaries, National League for Nursing Core Competencies of Nurse Educators, Boyer's model of scholarship, faculty obligations inside and outside of the classroom, and test item development/analysis. Based on the findings from Baker's study (2010), which focused on full-time faculty, orientation for new faculty should include receiving copies of guidelines, policies, procedures, evaluation tools, and other materials that would assist them during their clinical teaching assignment.

In addition to an orientation, mentorship programs are also supportive in the transition from expert clinician to novice nurse educator. According to West et al. (2009), a mentor is a valuable resource for a new faculty member to learn expectations and values of the institution. A mentor should be committed to the success of the new faculty member. Frequent communication between the mentor and new faculty is important. The mentor helps socialize the new faculty to the nursing department,

academic institution, and clinical agency. In addition to providing information on successful teaching behaviors, mentors must also provide insight on what behaviors to avoid when supervising students in the clinical setting (West et al., 2009).

A structured orientation and mentoring program is desirable to nurture new adjunct faculty to take on a more active nurse educator role that will benefit the students, schools of nursing, and ultimately patient care. "A carefully structured and deliberate mentoring program can be an invaluable orientation as schools of nursing seek to provide an academic environment that is conducive to the professional and scholarly development of adjunct faculty members" (West et al., 2009, p. 309). Blauvelt and Spath (2008) identified key topics for a mentorship program for new faculty, which included mentoring, faculty role, classroom management, testing, clinical, curriculum, advising, and resources. Their mentorship program was a yearlong formal mentorship program to provide the support and aid in the development of new faculty. Their goal was also to retain faculty. Accessibility and approachability were identified as crucial characteristics in a mentorship relationship. The mentee gained insight and knowledge regarding student issues, teaching strategies, and other aspects of the educator role through stories the mentor described. Blauvelt and Spath (2008) specifically addressed orientations to clinical teaching in their study. Topics that were essential to review included student clinical and agency policies, clinical evaluation forms, grading care plans or clinical write-ups, post conference topics, student performance issues, and pass/fail clinical grading. The course coordinators disseminated specific information regarding the course to the new faculty. According to Blavelt and Spath (2008),

> A mentoring program that promotes protégé to protégé and protégé to mentor relationships affirms the caring values of the department and the institution. In addition, it mirrors the milieu of the academic environment and the commitment of the school to its students and their success. (p. 32)

According to Benner (1984), the transition from clinician to educator requires a change in awareness, skills, and behaviors to plan for newly adjusted roles, environment, and goals. Benner (2001) suggested that any person who is transitioning into a new setting with no previous experience is at the novice level of performance, if the goals or roles are different. It can be an overwhelming experience for a clinician to enter academia at the novice level after he/she has been performing at a higher level in the clinical setting. These clinicians have the clinical expertise; however, they have not acquired the core competencies of a nurse educator. Students in a clinical rotation expect that adjunct clinical faculty are expert educators, or at least at a competent stage, as well as being an expert clinician (McDonald, 2010). Cangelosi, Crocker, and Sorrell (2009) adopted Benner's *From Novice to Expert* as their conceptual framework to understand the role transition from expert clinician to novice educator. Benner (1984) discussed the differences between how novice nurses and expert nurses learn new things. Novice nurses learn best in a structured learning environment and experienced nurses learn best with experiential learning strategies. Cangelosi et al. (2009) held two Clinical Nurse Educator Academies and used narratives of the clinicians to explore how the Academy enhanced their understanding of their unique perspectives as they prepared for the clinical nurse educator role. The overarching pattern found from their study was *The*

Phenomenon of Learning to Teach and the three themes were *Buckle Your Seatbelt, Embracing the Novice,* and *Mentoring in the Dark.*

The participants described the transition as going from their comfort zone to the unknown, which gave them feelings of being uncomfortable, fearful, frustrated, or unsettled. A participant stated, "I am compelled to address my own crisis of confidence as a nurse professional…How will I deal with being a novice again?" (Cangelosi et al., 2009, p. 369). Dempsey (2007) looked at clinical nurses transitioning into the nurse lecturer role. She found that these clinical nurses felt that negative feelings during the role transition decreased as they accepted their role change, gained experience in their new role, and became more familiar with their work environment. Culleiton and Shellenbarger (2007) discussed how the transition can be facilitated when institutions provide a mentor to medical-surgical nurses who are integrating their expert clinical knowledge into the new educator role. These clinical nurses were transitioning into the clinical nurse faculty role. Mentors can provide successful approaches from the past as well as potential difficulties to avoid. They identified steps for new faculty to use for successful planning, implementation, and evaluation in a medical-surgical nursing course. Some of the strategies they identified were interview questions for potential faculty, preplanning checklist for medical-surgical clinical nursing courses, hints to guide the teaching experience, tips on how to evaluate students, and a suggested reading list.

There are many factors and challenges clinical nurses face as they transition from the expert clinician role to the novice nurse educator role. By providing resources that include orientation and mentoring, schools of nursing can assist the transition process and promote adjunct clinical faculty retention. The nurses in this study understood their lack

of theoretical teaching knowledge and looked to understand their role at the novice level. One participant stated, "We all must remember that we also were novices once. Those that took the time to nurture and mentor us have done us a great service; moreover, they are the reason why we stuck it out through rough times and helped us to learn to love the nursing profession" (Cangelosi et al., 2009, p. 370). Transitioning into a new role is often delayed due to unrealistic expectations that stem from uncertainty, anxiety, fear, and stress brought upon by the acquisition of new skills in the role. The theoretical framework provided by Benner (1984) provides a foundation of what clinicians go through as they transition from expert clinician to novice educators. Since the primary area adjunct faculty are hired to teach in is clinical instruction, clinical teaching effectiveness is discussed in the next section.

Clinical Teaching Effectiveness

"Clinical teaching and learning have been recognized as one of the most important and necessary parts of any educational process in nursing." (Kotzabassaki, Panou, Dimou, Karabagli, Kostsopoulou, & Ikonomou, 1997, p. 818) Over the years there have been numerous studies that looked at clinical teaching effectiveness as perceived by nursing faculty, nursing students, and graduates of nursing programs (Allison-Jones & Hirt, 2004; Brown, 1981; Knox & Mogan 1985; Krichbaum 1994; Mogan & Knox, 1987; Nehring 1990; Okoronkwo, Onyia-Pat, Agbo, Okpala, & Ndu, 2013; Tang, Chou, & Chiang 2005). Okoronkwo, et al. (2013) defines effective clinical teaching as "the ability of the clinical teacher to apply different types of knowledge to enhance students learning. The knowledge could be both teaching and professional, pedagogical, general, or political knowledge" (p. 64). These authors suggested that the

clinical component in nursing education was vital to the learning of nursing students. It provided the students an opportunity to develop nursing skills, practice communication with patients and healthcare team members, as well as make connections between nursing theory and practice. The goal of clinical education was to provide students with an opportunity to develop skills to deliver safe quality nursing care to patients, families, and communities (Okoronkwo, et al. 2013).

Knox and Mogan (1985) conducted a study at a university school of nursing in Western Canada, utilizing their tool *Nursing Clinical Teaching Effectiveness Inventory* (NCTEI) to compare the importance of five categories of clinical teacher characteristics as perceived by faculty, BSN students, and BSN graduates. The categories included teaching ability, nursing competence, personality traits, interpersonal relationship, and evaluation. Researchers used a seven-point Likert type scale that asked participants to rate how descriptive a specific characteristic was to a particular teacher. They found that all groups had similar perceptions of the importance of clinical teaching behaviors. The results showed evaluation was rated the highest in importance and personality was rated least important. However, when student responses were compared with faculty and graduates' responses there were a few differences in the perceived importance of clinical teacher behaviors. Graduates and faculty rated nursing competence highly; however, first and third year BSN students rated this section lowest, and second and fourth year students perceived it as the second lowest.

In a follow-up study, Mogan and Knox (1987) used the NCTEI to examine the characteristics of 'best' and 'worst' clinical teachers. They compared the perceptions of nursing faculty and baccalaureate students. Both students and faculty had similar

perceptions of what were 'best' characteristics of clinical teachers, but had different perceptions of what they felt were the 'worst' characteristics of clinical teachers. Students and faculty felt that clinical teachers who were role models and enjoyed nursing and teaching were perceived as displaying 'best' clinical teacher characteristics. "Students perceived 'worst' clinical teachers as unapproachable and lacking empathy…did not communicate their expectations clearly and belittled students when they made mistakes." (Mogan & Knox, 1987, p. 333) Conversely, faculty felt "lack of enjoyment of nursing, deficient communication skills, inability to objectively identify students' strengths and weakness and to help students organize their thoughts about patient problems" (Mogan & Knox, 1987, p. 333) were characteristics of 'worst' faculty.

Nehring (1990) replicated Mogan and Knox's (1987) study with faculty and baccalaureate nursing students. Nehring's findings confirmed the previous study's findings. "The 'best' clinical teachers were good role models, enjoyed nursing, enjoyed teaching, and demonstrated clinical skills and judgment," (Nehring, 1990, p. 934). The 'worst' clinical teachers were perceived as rarely displaying characteristics of being a role model, encouraging mutual respect, or providing support and encouragement. Both studies found that being a role model was perceived as a strong quality in a clinical teacher. This is important for faculty to understand as they lead a clinical group into the healthcare setting.

Kotzabassaki, Panou, Dimou, Karabagli, Kostsopoulou, and Ikonomou (1997) also replicated Mogan and Knox's (1987) study. Kotzabbaski et al.'s study was the first study to be done on clinical teaching in Greece. Their findings had some similarities and some differences when compared to the previous studies. "The 'best' teacher was the

person who enjoyed nursing, and who also had the ability to demonstrate clinical skill and judgment," (Kotzabassaki et.al., 1997, p. 823). The 'worst' teachers were ones that demonstrated poor role modeling, and lacked the ability to use self-criticism constructively. The researchers pointed out that the findings showed low rates given to characteristics of the 'best' teacher compared to the previous studies. The researchers believe that "this finding can be explained by the fact that our teachers lack the proper preparation for their clinical teaching role as there is no specific course available to them and no in-services or continuing education program," (Kotzabassaki et al., 1997, p. 822). As these studies described, many new nursing faculty have limited or no educational background prior to teaching in the clinical setting. These studies did not differentiate between part-time and full-time faculty.

In a study conducted by Sieh and Bell (1994), clinical teaching effectiveness was looked at using the NCTEI tool in an associate degree nursing program. They found that the results were different than in previous studies that were conducted in baccalaureate nursing programs. In previous studies in baccalaureate nursing programs, being a good role model was viewed as a top characteristic of an effective teacher. However, in this study of associate degree nursing students role modeling had a lower rating. According to Sieh and Bell (1994), "At the associate degree level, programs tend to place a greater emphasis on attaining clinical skills than on professionalism and good role modeling" (p. 392). They also believed this may be due to the low value faculty placed on role modeling, which was similar to the student's rating of role modeling. The important characteristics of effective clinical teachers between the students' and faculty's perceptions were found not to be statistically significant (Sieh & Bell, 1994).

Tang, Chou, and Chiang (2005) constructed a questionnaire that covered four main categories: professional competence, interpersonal relationships, personality characteristics, and teaching ability. This survey was distributed among all nursing students in two schools of nursing. Their findings concluded that the "larger differences in scores between effective and ineffective teachers were found in the interpersonal relationship category, followed by the category of personality characteristics" (Tang, Chou, & Chiang, 2005, p. 190). These clinical teachers displayed behaviors of understanding students' fears and stresses. They did not belittle or scold the students. The researchers concluded it is the clinical teacher's attitude rather than their professional abilities that make a difference between effective and ineffective clinical teaching. These findings are consisted with the findings of a study conducted by Brown (1981). The results from her study indicated that nursing students viewed the clinical instructor's relationship with students more important than professional competence (Brown, 1981).

A study conducted in Nigeria found similar results. Students' perceived characteristics of effective clinical teachers included honesty, motivation to teach, listening and good communication skills, good supervision, and being a good role model (Okoronkwo, Onyia-Pat, Agbo, Okpala, & Ndu, 2013). They described how positive role modeling can inspire students to study better. Students' perception of the most important teaching skill for effective clinical teaching included clinical and teaching knowledge. In Oman, researchers found that role modeling was highly valued (Madhavanprabhakaran, Shukri, Hayudini, & Narayanam, 2013). The tool they developed had three categories: professional competence of clinical teacher, teachers' relationship with student, and personal attributes. Students perceived professional competencies as the highest of the

three categories. Within professional competencies, the top rated sub-items were "evaluate students objectively and fairly," "demonstrate role modeling," "shows competence in clinical skills," and "ability to relate theory to practice." Despite using a different tool and with diverse socio-cultural differences, this study had similar findings to other studies that looked at characteristics of clinical teaching effectiveness.

Krichbaum (1994) found that clinical teaching effectiveness was linked to positive learning outcomes. This was measured through an evaluation instrument that was developed by faculty and performance on a standardized test of knowledge. "Important aspects of clinical teaching effectiveness included the ability to set clear objectives to help students organize their learning, to ask appropriate questions, to provide specific and timely feedback to students, and to convey a positive, concerned attitude," (Krischbaum, 1994, p. 306). Information gained from these studies demonstrated behaviors clinical teachers should strive for to be effective in clinical teaching.

Allison-Jones and Hirt (2004) used the NCTEI to compare how students perceived part-time and full-time clinical nurse faculty teaching effectiveness. Overall students perceived full-time faculty as being more effective in clinical teaching than part-time faculty in all five scales of the NCTEI. The study also compared how both full-time and part-time faculty perceived their own clinical teaching effectiveness with how students perceived them. "No significant differences were found in student and faculty perceptions of teaching effectiveness," (Allison-Jones and Hirt, 2004, p. 241). Since the two groups had similar results, the students' ratings were viewed as a valid measurement of teaching effectiveness.

Clinical teaching effectiveness has been researched in many different healthcare programs, including medicine (Irby, 1978). This is of interest since this is not just an issue found in nursing education. "The most frequently listed important characteristics for best clinical teachers were a breadth of medical knowledge; enthusiasm; enjoyment of teaching; friendliness; clinical competence; clear and well-organized presentations; accessibility; and interest in students, residents, and patients," (Irby, 1978, p. 811). Worst characteristics of clinical teachers included modeling professional characteristics, clinical competence, and knowledge. They included the following characteristics: arrogance, apparent dislike of teaching, limited knowledge, inaccessibility, lack of self-confidence, unorganized and boring presentation, insensitivity to others, and belittling of students and residents (Irby, 1978).

Clinical education is an essential portion of nursing education. Improving or enhancing clinical teaching effectiveness of adjunct clinical faculty is essential to student success. Since adjuncts are hired to teach in the clinical setting, characteristics or qualities that enhance clinical teaching effectiveness and those which hinder clinical teaching effectiveness must be considered. Identifying these characteristics of effectiveness and previous sections that discussed role transition, it is clear that adjunct clinical faculty need support and guidance to transition into their new role. Providing what adjunct clinical faculty need in an orientation can influence clinical teaching effectiveness and improve transition from expert clinician to novice educator.

Adjunct Clinical Faculty Needs

Literature regarding preparing, mentoring, and orienting new adjunct faculty to their role is sparse. There are few articles that specifically address the orientation

learning needs of adjunct clinical faculty. A few authors (Bell-Scriber & Morton, 2009; Flood & Robinia, 2014; Forbes, Hickey, & White, 2009; Himmelberg, 2011; Pinchera, O'Keefe, O'Shea, & Lawler, 2014; Testut, 2013) discussed the role of a course coordinator in an undergraduate baccalaureate nursing program and suggested a relationship between the course coordinator and adjunct clinical faculty in assisting the transition into the educator role. The literature referred to this role by different titles, i.e., clinical coordinator, course facilitator, clinical course coordinator, and faculty course coordinator. The course coordinator is a person who is the primary instructor of a theoretical nursing course that also has a clinical component. The course coordinator does not receive any extra credit load or compensation for his/her role in orienting adjunct clinical faculty. By contrast, the clinical coordinator is a person who receives course load credit or compensation to arrange and manage clinical placements for the nursing program. He/she establishes and maintains relationships between the nursing program and the clinical agencies. He/she may also be involved in the orientation process for adjunct clinical faculty.

There is current literature that discusses how to teach in the clinical setting and the differences between novice and expert clinical teachers; however, literature on effective preparation of adjunct clinical faculty is lacking. It appears that the role of the course coordinator can greatly impact the transition of the expert clinician to the novice nurse educator role. As stated earlier, adjunct faculty usually have strong clinical backgrounds, but lack the academic preparation for their new role as educator. In recent literature, there has been some reference to the support that course coordinators play in the transition of adjunct clinical faculty to their new role (Bell-Scriber & Morton, 2009;

Flood & Robinia, 2014; Forbes, Hickey, & White, 2009; Himmelberg, 2011; Pinchera, O'Keefe, O'Shea, & Lawler, 2014; Testut, 2013).

Bell-Scriber and Morton (2009) describe an orientation process that involved a seven-hour Clinical Faculty Orientation Workshop, as well as having adjunct faculty work with a course coordinator and a clinical coordinator. The course coordinator contacted faculty weekly and performed site visits. The course coordinator helped provide the link between clinical and classroom settings. In addition, clinical coordinators also met with adjunct clinical faculty in the beginning of the semester to provide guidance to get them started in their role at their clinical site. Clinical coordinator contacted the adjunct clinical faculty weekly and mentored them through difficult situations that occurred in the clinical setting. The adjunct clinical faculty expressed the need for more time for mentorship; however, due to teaching loads and other responsibilities of the course coordinators, they did not have enough time to provide the ongoing clinical support that was needed (Bell-Scriber & Morton, 2009). Based on this information, a new mentorship model was developed. This model included full-time faculty members actively mentoring the clinical faculty as part of their teaching load credit, in addition to the course coordinator mentorship that occurred during the course.

Clarke (2013) used a mixed methods approach to explore the socialization process from clinical nurse to clinical faculty member and to identify characteristics essential to the clinical faculty role. The study used focus groups and semi-structured interviews for the qualitative portion of the study. For the quantitative approach, the *Nursing Clinical Teaching Effectiveness Inventory* and *Role Strain Scale* were used. A positive correlation noted from responses to the two instruments was number of years of experience as a

clinical nursing faculty and the following two statements, “Receiving insufficient recognition for my clinical expertise” and “Received insufficient recognition for my teaching performance.” The statement “Number of years’ experience teaching current students” was positively correlated with “Stimulates student interest in the subject” (Clarke, 2013). Five stages were identified through the qualitative analysis. They were Beginning the Role, Strategies to Survive in the Role, Turning Point in the Role, Sustaining Success in the Role, and Fulfillment in the Role. In Beginning the Role stage, clinical faculty expressed feelings of isolation, of being overwhelmed, and of not knowing who to ask for help. In the Strategies to Survive in the Role, clinical faculty described what they needed to do to get the information they were looking for. Some participants described how course coordinators and mentors helped them obtain the information. In the third stage, Turning Point in the Role, clinical faculty established relationships with their students, knew nursing staff that liked working with students, and were starting to feel comfortable in their role. One participant stated this occurred several semesters into their new role while another stated this occurred in the third semester. In the next stage, Sustaining Success in the Role, clinical faculty found themselves offering advice to new faculty, working with the course instructor to improve their own teaching, and having increased communication with course instructors and the clinical facility. In the final stage, Fulfillment in the Role, clinical faculty expressed joy in sharing their knowledge with students (Clarke, 2013). Clinical faculty were able to see the benefits and rewards of their new role.

Clarke (2013) offered recommendations for course coordinators to help assist new clinical faculty in their transition. The recommendations included providing orientation

material with time for new faculty to review, assisting new faculty with developing teaching skills, identifying role modeling behaviors, providing ideas for pre- and post-clinical conference, offering help in the beginning of the semester, assisting and guiding documentation of students' progress, providing information on nursing courses students have previously taken, and providing consistent information. Recommendations for nursing education administrators included an introduction to clinical site and staff, offer an opportunity for clinical faculty to shadow a seasoned clinical instructor at least once before beginning their role, assign a mentor to new faculty, and schedule new clinical faculty focus groups for debriefing.

Flood and Robinia (2014) discussed how didactic faculty can provide support to clinical faculty by providing them with lecture notes, course information, and current research articles. This support helped the clinical faculty to plan appropriate patient experiences based on the content that was being discussed in class. Didactic faculty provided mentorship and support for clinical faculty that will better prepare them to provide opportunities for the transfer of current evidence based practice to the healthcare environment. The authors also discussed the role of the clinical course coordinator. The clinical course coordinator provided course orientation for new clinical faculty. This orientation included reviewing policies, procedures, and evaluation tools and providing access to didactic and clinical course resources, such as syllabi, textbooks, and online videos. The clinical course coordinator managed the online portion of the course and scheduled simulations to coincide with didactic learning (Flood & Robinia, 2014). He/she also helped clinical faculty with running simulations through role modeling and assisted in the debriefing process post-simulation. The clinical course coordinator

conducted course meetings to foster socialization and encourage a team atmosphere. In this model, the semester began with an initial meeting of the course instructors and clinical faculty, where new clinical faculty were paired with a mentor to provide support in the clinical setting. The ongoing meetings allowed for opportunity for discussion regarding clinical and course objectives, brainstorming pre/post clinical conference ideas, and any needs the clinical faculty may have. The clinical course coordinator communicated with the clinical faculty via e-mails, phone calls, site visits, and one-on-one meetings to address any issues or concerns.

At the end of the semester course meeting, the clinical course coordinator reviewed and shared the students' course evaluations for both clinical and didactic portions of the course. Adjunct clinical faculty were encouraged to discuss changes that should be made to the curriculum. The novice faculty were also encouraged to provide input on their teaching experience and recommendations how future orientations could be improved. This provided a sense of being part of the faculty and fostered active engagement of new clinical faculty. This article addressed clinical faculty in general and did not specify needs of adjunct clinical faculty.

Pinchera, O'Keefe, O'Shea, and Lawler (2014) provided insight on the clinical coordinator in their institution. The responsibilities of the clinical coordinator included guidance, development, problem solving, and communication among students, academic institutions, clinical faculty, and clinical practice sites (Pinchera et al., 2014). Additional responsibilities of the clinical coordinator included organizing the necessary course-related clinical experiences to meet expected course objectives; teaching the theoretical component of the course; advising and institutional committee work; and interviewing,

hiring, mentoring, and supervising clinical instructors (Pinchera et al., 2014). "One challenge in supporting clinical instructors is assistance with the transition to a role that requires formative assessment and summative evaluations of nursing students," (Pinchera et al., 2014, p. 215). Novice clinical faculty have the clinical background; however, they are less comfortable with their new teaching role. In contrast to the previous article, these authors described how clinical coordinators found it difficult to find time to interact with clinical faculty, which "may detract from a sense of connectedness to the mission of the college" (Pinchera et al., 2014, p. 215). The clinical coordinator was a full-time nursing faculty member for their undergraduate schools of nursing.

In two recent dissertations (Testut, 2013; Himmelberg, 2011), adjunct clinical faculty described how the course coordinator was influential in their transition into the new role. Adjunct clinical faculty described the relief of having a "go-to person" to ask questions and obtain guidance for difficult situations. During the interviews, the adjunct clinical faculty described their interactions with the course coordinator. Participants described the support they received from the coordinator and how receptive the coordinators were. All participants, however, agreed that they would have liked more education and ongoing assistance with technology and problem solving.

In a dissertation by Testut (2013), the theme "course coordinator" was very prominent. It emerged twice within the ten themes that were identified from the interviews. Testut (2013) described the importance of the course coordinator role. She stated, "Course coordinators are crucial to the part-time educator, because this is usually the one go-to person in the nursing program that has direct contact with them and helps them to develop into an experienced educator" (p. 29). The participants in this study

described the support and orientation they received from the course coordinator. In one interview, a participant described how communication with the course coordinator allowed him/her to have a greater connection with the school along with an opportunity to ask questions as they arose. The course coordinator influenced the overall feeling and confidence in the teaching skill. All participants described how important the course coordinator was in their adjustment to their new role and how they referred any questions, issues, or concerns to this person. These adjunct clinical faculty members had very effective and supportive experiences. All the participants in this study were mandated or offered to attend a mini-clinical orientation provided by the course coordinator, in which course syllabi, textbook information, and at times a weekly guide to clinical was provided.

Bell-Scriber and Morton (2009) discussed the semester-long Clinical Nurse Institute (CNI), which provided an orientation to the clinical faculty role. The (CNI) included a seven-hour introductory workshop, a three-credit master's level course, and a semester of mentored clinical instruction. The topics reviewed in the workshop included theory about teaching and learning; how to motivate students to learn; techniques to encourage students to critically think; knowledge, abilities, and functions of clinical faculty; how to effectively evaluate students' progress; and resources for continuing education and support. During the semester, additional support via mentorship, and weekly contacts was provided by the clinical coordinator of the course. Despite positive evaluations of the workshop, Bell-Scriber and Morton found that it did not meet the needs of the adjunct clinical faculty. The adjunct clinical faculty wanted more information and mentorship; however, they did not attend the suggested workshops for

continuing education. It is unclear why they did not attend the suggested workshops. In addition, the course coordinators were not able provide the ongoing support that new adjunct clinical faculty needed due to their current workload and other responsibilities.

The CNI covered the following areas: orientation to the course and teaching responsibilities, full-day workshop and graduate course on clinical instruction, and teaching and evaluating responsibilities. "Weekly online discussion prompts, related to the readings, are designed to stimulate reflection, objective thinking, and new perspectives while providing mentorship, confidants, and a sounding board," (Bell-Scriber & Morton, 2009, p. 86). The topics discussed were teaching behaviors that affect student anxiety, philosophy and outcomes of clinical teaching, qualities of effective clinical teachers, the process of clinical teaching and choosing clinical learning assignments, ethical and legal issues in clinical teaching, clinical grading, caring during the clinical practice, facilitating learning in the clinical setting, clinical instruction pedagogy, and assessment of critical thinking in clinical practice. As adjunct clinical faculty were learning about their new role they were also teaching in the clinical setting, which provided an opportunity for them to apply what they were learning and reflect on what they were experiencing. They were also being mentored by the clinical coordinator throughout the semester. Clinical coordinators provided adjunct faculty with helpful hints, maintained frequent contact, and assisted them with problem solving.

Duffy, Stuart, and Smith (2008) described how they prepared new adjunct clinical faculty for their role. Educational sessions offered by full-time faculty included topics on standard behavior, clinical documentation tools, and strategies of clinical instruction. Topics that adjunct faculty brought up during open forums included isolation from the

college, inconsistent notification of policies and procedures, how to grade projects, and the desire for additional recognition and incentives from their dedication and service to the institution. To meet the needs of their adjunct clinical faculty, Duffy and colleagues created a WebCT course to serve as a resource repository. The course contained various information and resources including necessary forms, tools, faculty handbook, videos of faculty presentations, and links to information about the clinical agencies. It also had a discussion board where adjunct faculty could ask questions and seasoned faculty could answer them. Other adjunct clinical faculty would read the discussion posts and replies. Adjunct clinical faculty could also provide advice or suggestions to questions posted by others from their own experiences. This promoted engagement and collaboration in the learning process of the new role. Every year adjunct clinical faculty were evaluated on their effectiveness and areas for improvement by their course coordinator. The adjunct clinical faculty appreciated the evaluation and expressed a sense of value associated with the performance appraisal (Duffy et al., 2008).

As can be seen from the literature review, some information is provided to adjunct clinical faculty as they transition from expert clinicians to novice nurse educators; however, are they getting the information that they want and need? According to Bell-Scriber and Morton (2009),

> Although there is good information on how to teach in the clinical setting and differences between novice and expert clinical teachers, what is missing is how nursing schools are preparing and supporting these adjunct clinical teachers who are being hired into a role for which they are academically unprepared. (p. 54)

Seal-Whitlock (2002) created a learning needs assessment survey, The Needs Assessment for Topic Inclusion in a Guide to Orientation, to identify what clinical adjunct faculty needed in their orientation to be successful. This tool was unique in that it was developed specifically for adjunct clinical faculty. Seal-Whitlock began her work after brainstorming sessions that resulted in identifying seven categories of concern of new adjunct clinical faculty totaling 62 statements dealing with issues, activities, tasks, situations, topics, and abilities (Seal-Whitlock, 2002). The seven categories were *Orientation of Human Needs, Orientation of Institution, Orientation of Nursing Faculty, Orientation of Nursing Office, Orientation of Nursing Course(s), Orientation of Clinical Component of Course(s),* and *Orientation at Clinical Site*. A five-point Likert type scale was used to rate the importance of each item. Thirty-four faculty members from diploma, associate degree, baccalaureate degree, and master's degree nursing programs volunteered to participate to review the needs assessment. Their experience ranged from less than one year to more than 20 years of teaching and they were considered experts in nursing education. These expert faculty members were used to determine the content validity of the needs assessment tool. Of the 62 statements, those that had 50% or more of participants rating the item as *4-Important* or *5-Very Important* were included in the tool. Seven of the 62 statements were found to have less than 50% rating as *4-Important* or *5-Very Important*, which resulted in deletion of these statements from the original tool. Seal-Whitlock final tool contained the 55 remaining statements.

Davidson and Rourke (2012) modified the original tool The Needs Assessment for Topic Inclusion in a Guide to Orientation created by Seal-Whitlock (2002) and utilized it for orientation of clinical nursing faculty. The purpose of their study was to

identify the knowledge and skills that part-time clinical nursing instructors needed to be successful in their role. The tool was slightly modified to reflect the Canadian healthcare system and items were added to include statements regarding simulation. Adjunct clinical faculty rated the importance of including certain information in a clinical nursing faculty orientation program using a five-point Likert scale. The participants in this study unanimously identified five areas to include in an orientation: 1) accessing and using the program website and intranet, university e-mail accounts, and instructional software; 2) key clinical policies and procedures; 3) information about the correlation of clinical experience with the theory component of concurrent courses; 4) all aspects of student evaluation; and 5) the role of the clinical nurse instructor in clinical simulation experiences (Davidson & Rourke, 2012). Items that participants felt could be excluded from an orientation included introduction to faculty members and faculty administrators and information about admission guidelines to the nursing program. This was different than what was reported in other studies, which described how important socialization was for new adjunct clinical faculty. The limited information directly from clinical adjunct faculty further supports the need to ask new faculty what they need versus offering what schools of nursing think will address the needs of the new clinical adjunct faculty.

Orientation is important for the foundation of an expert clinician moving into academia. By understanding the needs of adjunct clinical faculty, schools of nursing can develop an orientation that will meet the unique needs of these faculty. To better understand the needs of adjunct clinical faculty, it is necessary to go to the source, the faculty themselves. Many times, orientations are developed by seasoned full-time faculty who may have a different perspective on what adjunct faculty need. By utilizing a

learning needs assessment tool for adjunct clinical faculty, this study's aim was to identify what adjunct clinical faculty felt were important for inclusion in an orientation, what topics needed additional information, and what topics were felt to be missing from the orientation.

Conceptual Framework

Benner's *From Novice to Expert Theory (1982)* and Knowles's *Adult Learning Theory* (1980) were two conceptual frameworks utilized in this study. Benner suggests that expert clinicians often are viewed as novice clinical faculty during the initial transition from a practice setting to academia. The stages described by Benner can be adapted to any nurse learning a new role. A clinical nurse is an expert in his/her clinical practice; however, when he/she transitions into the educator role he/she is no longer an expert. According to Merriam and Caffarella (1999), "Educators have often observed that being an expert in one area does not necessarily translate into being an expert in another, no matter what the learner's motivation or background" (p. 207).

Benner's first stage is Novice or beginner. The nurse in this stage has no prior experience in the situation and needs assistance to perform his/her new job. In this study, a novice educator has no previous experience as an educator and lacks the understanding of the role of nursing education. After time and experience, the nurse moves to stage 2, Advanced Beginner. Here, the nurse has gained some proficiency in skills and workload due to experience. His/her knowledge is building. Stage 3 is the Competent stage. This is usually achieved after two or three years in the role. The nurse is able to demonstrate efficiency, coordination, and confidence in his/her abilities. A higher level of critical thinking and analysis is utilized. The nurse then moves to stage 4: Proficient. The nurse

in this stage is able to see the whole picture of a situation and develop long-term goals. He/she is able to change plans more quickly based on new information obtained. The final stage is Expert. An expert nurse has a deep understanding of the entire situation and is able to perform the role with high proficiency. The expert nurse is able to think outside the box and look at a situation from multiple points of view. According to Benner's theory, expert clinical nurses make decisions and perform activities based on how they interpret the situation from previous experiences. Benner's theory provides a framework for the transition process from one role to another. Since the introduction of this theory more than 30 years ago, it has been used in various studies to better understand role transition of many different populations, including expert clinicians to novice educator (Cangelosi, Crocker, & Sorrell, 2009; Duphily, 2011; McDonald, 2010; Testut, 2013; Weidman, 2013). Benner's framework is applicable to expert clinical nurses who want to teach nursing students as a career or as a part-time position while continuing to practice in the clinical setting. According to Weidman (2013), "By applying this theory, the expert may understand that he or she has become the novice and is limited in the processes that are used in practice" (p. 104). By using this theory schools of nursing can better understand the transition process of expert clinicians as they take on their new role as adjunct clinical faculty.

The second theoretical framework that guided this research comes from Knowles, the Father of Andragogy (1980). His *Theory of Adult Learning* describes the unique characteristics of the adult learner that are different from the child learner. The andragogical model is based on six assumptions of the adult learner which have expanded over the years (Knowles, Holton, & Swanson, 2011): 1) *The need to know* - adults need

to know why they need to learn something before they take on learning it. People who are providing the orientation to new adjunct clinical faculty need to make the adjunct faculty member aware of why the information presented is important for their new role. 2) *The learners' self-concept* - adults have a self-concept of being responsible for their own decisions and are self-directed. Adult learners are the best source to identify their own needs. In the current study, adjunct clinical faculty are seen as the best source of information regarding what is needed in an orientation for new adjunct clinical faculty. 3) *The role of the learners' experience* - Adults come to an educational activity with a greater reservoir of knowledge and experience. Expert clinicians have knowledge and skill sets of clinical practice and are looking to apply that knowledge to new experiences. 4) *Readiness to learn* - Adults are ready to learn the things they need to know and be able to apply those things in order to cope effectively with their real life situations. Expert clinical nurses want to understand their new role so that they can be efficient in that role. 5) *Orientation to learning* - adults are motivated to learn to the extent that they perceive that it will help them perform tasks they confront in their life situations. Based on this assumption, clinical nurses would learn best when the new knowledge, skills, and values are presented in the context of how these apply to the role as a nurse educator. 6) *Motivation* - Adults are responsive to some external and internal motivators. External motivators include better jobs, promotions, and salaries, while internal motivators include job satisfaction, self-esteem, and quality of life. Clinical nurses are motivated to take on a new learning experience and a new role. The participants in this study were assumed to be educated adults who were self-directed, had a large knowledge base and experience, were ready to learn, were motivated, and were centered in learning.

Ludlow, Gaudine, and Jacobs (2007) used Knowles' Adult Learning Theory to guide their implementation of a hemodialysis nursing orientation program. Using this framework they decided to structure the orientation to better fit the adult learner. The frequency and length of lectures were minimized, practice sessions were included, and open discussions were planned to provide an opportunity for the nurses to relate what they were learning to their experiences (Ludlow et al., 2007). By understanding the past experience and knowledge participants had, the orientation was tailored to the information they needed to learn. Participants were able to practice skills after the skills were demonstrated to them, prior to having to do the skills in the hemodialysis (HD) unit. Self-study modules were also implemented to promote independent learning and encourage continuing education on various topics. "Adult Learning Theory postulates that adults acquire skills and knowledge differently than children. The HD instructor's manual guides the instructor to use the concepts of this theory to foster an atmosphere conducive to independent learning," (Ludlow et al., 2007, p. 47).

As described by Seal-Whitlock (2002), "Knowles' theory supplies the definition that competent people are those who are able to apply their knowledge in ever changing conditions. This supports the practice of employing experienced nurses as new clinical faculty" (p. 4). As adult learners, adjunct clinical faculty can transfer skills developed from clinical practice into their new role as adjunct clinical faculty. They come with information and are eager to learn. This assists them as they orient to their new role as nurse educators.

Summary

The challenges regarding the nursing faculty shortage are not going to be resolved in the near future. The work that needs to be done to increase competitive salaries in academia and increase the number of doctorally prepared faculty will take years to accomplish. Schools of nursing look to adjunct faculty to help fill vacancies as they continue to explore ways to address the faculty shortage. Adjunct faculty primarily teach in the clinical setting, which is one of the most important areas of the students' education. Schools of nursing need to orient and mentor these adjunct clinical faculty to their new role. The transition from expert clinician to novice nurse educator has been well documented as a vulnerable period for adjunct clinical faculty. Clinical teaching effectiveness may be negatively affected if adjunct clinical faculty are not given the tools and resources they need to educate the future nursing workforce. Krichbaum (1994) found that clinical teaching effectiveness was linked to positive learning outcomes. Orientation of new adjunct clinical faculty was discussed in the literature; however, it was unclear if the content covered in the existing orientation programs was what expert clinicians felt they need as they transition into academia. Many times, orientations and educational offerings are designed by seasoned full-time faculty, who have a different perspective on what adjunct clinical faculty need, especially during this critical transition period. This study examined orientation learning needs as identified by adjunct clinical faculty as they transitioned into the nurse educator role.

CHAPTER 3

Introduction

Nursing programs throughout the country are faced with a shortage of qualified nurse educators (Weidman, 2013; Paul, 2015). One approach (Paul, 2015) to addressing this problem in schools of nursing is to recruit nurses employed in hospital settings to serve in adjunct clinical faculty positions. However, the transition from expert nurse clinician to novice nurse educator is not always smooth or accomplished successfully. Although numerous studies have documented several compelling factors that support expert nurse clinicians' transitioning into academia (Anderson, 2009; Cangelosi, Crocker, & Sorrell, 2009; Cranford, 2013; Creech, 2008; Penn, Wilson, & Rosseter, 2008; Reid, Hinderer, Jarosinski, Mister, & Seldomridge, 2013; Suplee & Gardner, 2009), few studies have focused on the orientation provided to clinical nurse experts as they transition into adjunct clinical educator roles.

The purpose of this descriptive, non-experimental quantitative study was to examine the orientation learning needs of adjunct clinical faculty as they transition from expert clinicians to novice nurse educators. Specifically, this study addressed the following research questions:

1. What factors (variables) do adjunct clinical faculty identify as the most influential in their decision to transition from expert clinicians to novice nurse educators?
2. What learning needs do adjunct clinical faculty identify as they transition from expert clinicians to novice nurse educator?

3. Do participant demographics impact the learning needs of expert clinicians as they transition to the novice nurse educator role?

This chapter describes the method of investigation for this study. It includes the study design, a description of the survey population and sample, instruments, informed consent, data collection, and data analysis.

Research Design Overview

The research questions were evaluated using a non-experimental, descriptive research design (Polit & Beck, 2012), which is defined as a systematic approach to studying the state of knowledge, ability, interests, attitudes, or perceptions of a defined audience or group involving a particular subject matter. Polit and Beck (2012) maintain that the "aim of such a study is to see if a program is meeting the needs of those who are supposed to benefit from it" (p. 267). Accordingly, this research focused on orientation programs for expert nurse clinicians who transition into adjunct clinical faculty roles. This study allowed the nurse researcher to identify aspects of orientation programs that are most desired and what changes in these orientation programs need to be considered in the future. This study was carried out using primarily a quantitative approach with a few open-ended questions designed to enrich the quantitative data (Creswell, 2008).

There are numerous studies that look at the transition from experienced or expert clinicians to novice nurse educators; however, many have been qualitative research with typically 5-15 participants. This study's approach was a quantitative design aimed at the orientation learning needs of adjunct clinical faculty using participants across the nation.

Target Population

The population of interest in this study was the expert nurse clinician who serves in an adjunct clinical faculty role in schools of nursing in the United States that provide Baccalaureate of Science in Nursing (BSN) education. Although the use of clinical adjunct faculty is a common practice, public information on this group is limited. Due to the inability to obtain the exact number of adjunct clinical faculty across the nation, a power analysis to determine sample size could not be conducted. In order to reach this population, initial contact was made with the directors or chairs in schools of nursing from a listing of all Commission on Collegiate Nursing Education (CCNE)-accredited baccalaureate programs. According to their mission, "The CCNE is an autonomous accrediting agency, contributing to the improvement of the public's health. The Commission ensures the quality and integrity of baccalaureate, graduate, and residency programs in nursing" (AACN, 2015, n.p.). According to CCNE, as of December 2014, there were 638 educational institutions that offer a BSN program. Appendix A contains the listing of these educational institutions by state.

Sampling Method

All eligible adjunct clinical nurses with two years or less of teaching experience were invited to complete the online survey, a sampling method exemplifying a nonprobability convenience sample (Polit & Beck, 2012). Convenience sampling involves obtaining participants who are conveniently available. These participants may or may not be known to the researcher. According to Polit and Beck (2012), "Convenience sampling is the most commonly used method in many disciplines" (p. 277). New clinical adjunct faculty from CCNE-accredited schools of nursing that grant

BSN degrees in the United States were invited to participate in this study. All schools across the United States were contacted and asked to identify new adjunct clinical faculty, because as previously stated, it was not possible to identify how many adjunct clinical faculty with two years or less experience were at any particular school of nursing from a public list or websites. Inclusion criteria included new clinical adjunct BSN faculty, two years or less experience as an adjunct clinical faculty, ability to read English, and employed in a CCNE-accredited school of nursing. Exclusion criteria included any full-time faculty.

Sample Size

One hundred seventeen adjunct clinical faculty answered the online survey through the Select Survey program. After examining the data file there were several respondents who opened the survey and did not answer any of the items. These eleven respondents were removed from the data set, yielding a final sample size of 106 nurses. As noted previously, a response rate could not be calculated for this study. However, surveys returned did represent the four regions of the United States (see Table 1). Only 89 of the 638 accredited schools of nursing responded that they had adjunct clinical faculty that met the inclusion criteria and the responses did not accurately indicate the number of potential faculty eligible to participate. Therefore only those schools of nursing that specifically indicated that they had no eligible faculty (n=66) were excluded from the study.

Table 1

Schools of Nursing Administrator's Response to Initial E-mail by Regions

U.S. Regions	Total number of CCNE-accredited BSN programs	Number of schools who reported having adjunct clinical faculty with 2 years or less experience	Number of schools who reported NOT having adjunct clinical faculty with 2 years or less experience	Number of schools who did not provide an answer whether or not they have adjunct clinical faculty
Northeast	135	18	14	103
Midwest	206	31	24	151
South	205	24	25	156
West	92	16	3	73
Totals	638	89	66	438

Setting

The setting for this study was an online survey directed at experienced clinical nurses who assumed adjunct clinical faculty positions at CCNE-accredited BSN programs in the United States. The actual data collection was done via online survey using Select Survey. Truell, Bartlett, and Alexander (2002) found that internet-based surveys were more effective than mailed surveys when the target population had both e-mail and internet access. They found that the response rate between internet-based and mailed surveys was similar. However, the online surveys had a quicker response speed than mailed surveys and the response completeness was significantly higher than occurred with mailed surveys. Hamilton (2009) analyzed meta-data for 199 surveys and concluded that half of all surveys received at least a 26% response rate and 96.5% of responses were received within two weeks. He noted that "survey invitations sent at the

beginning of the workday achieved higher response rates and quicker response times" (Hamilton, 2009, n.p.). However, McPeake, Bateson, and O'Neill (2014) documented reasons for lower response rates in electronic surveys in comparison to mailed surveys. They noted some of the following reasons: population being surveyed, skill level of using the web, and technical issues with accessing online surveys. Another reason they mentioned was "poorer documented reason for lower response rates in electronic surveys may be 'survey saturation'" (McPeake et al., 2014. p.25). Healthcare professionals and faculty are frequently asked to participate in research studies and complete surveys from different sources, including doctoral students, marketing agencies, publishers, and professional organizations. This may lead faculty to pick and choose the surveys in which they want to participate (McPeake et al., 2014).

Recruitment

There were several steps in the process to recruit adjunct clinical faculty with two years or less experience.

1. Schools of nursing administrators (e.g. Dean, Director, or Chair) of the CCNE-accredited BSN program were sent an e-mail briefly describing the goal of the study and asking them to respond to the researcher if they have any adjunct clinical faculty with two years or less experience in their program and to indicate the number of adjunct clinical faculty (Appendix B). There were several e-mail addresses that were incorrect. The researcher searched through the school of nursing website to obtain the correct e-mail addresses to send the study e-mail to them.

2. If the school of nursing had adjunct clinical faculty with two years or less experience, the nursing administrators received another e-mail (see Appendix C) to forward to the adjunct clinical faculty in their institution with an invitation to participate in the study. The attachment within this e-mail included the cover letter that contained information regarding the study, informed consent, and the link to the survey. At the end of the survey, the participants were asked if they would like to be entered into a drawing for one of two $50 Amazon gift cards. This letter is presented in Appendix G. There were 54 administrators who responded that they had adjunct clinical faculty who met the criteria and 26 who did not have adjunct clinical faculty with two years or less experience. From this initial response, 27 surveys were returned from adjunct clinical faculty.
3. One week following the initial e-mail, if the nursing administrators had not responded to the initial e-mail, a reminder e-mail was sent to them. There were 28 administrators who responded to the reminder e-mail that they had adjunct clinical faculty who met the criteria and 26 who did not have adjunct clinical faculty with two years or less experience. At this point, 28 additional surveys were returned.
4. Two weeks after the initial e-mail, another reminder was sent to those schools of nursing administrators who had not yet responded to the initial e-email.
    a. A reminder was sent to those schools of nursing administrators who had indicated they had adjunct clinical faculty with two or less years of experience to forward the e-mail that contained the attachment for the

cover letter and link to the survey to the adjunct clinical faculty requesting their participation in the study.

b. There were six administrators who responded that they had adjunct clinical faculty and 11 who did not have adjunct clinical faculty. At this point there were 33 additional surveys returned.

5. After three weeks of the initial e-mail, another reminder was sent to administrators of those schools who had not yet responded. There was one administrator who did respond that they had adjunct clinical faculty and three that did not have adjunct clinical faculty with two years or less experience. At this point there were 18 additional surveys returned.

6. In attempts to increase the number of participants, an e-mail containing the description of the study and link to the survey was sent to all schools of nursing administrators who had not responded to any of the previous e-mails (Appendix D). This was sent out four weeks from the initial e-mail.

The results of this process helped identify the number of eligible institutions with one or more adjunct clinical faculty with two years or less of academic experience. The intent of this process to identify the number of clinical adjunct faculty across the country with two years or less experience as a clinical adjunct faculty was to accurately calculate a power analysis and response rate. Those participants who entered their email address for the drawing of one of the two $50 Amazon gift cards were placed in a hat and two random participants were selected and sent the gift cards electronically.

Instrumentation

This research used primarily a series of quantitative questions to collect information regarding the orientation needs during the transition process from nurse clinical expert to adjunct clinical faculty. The original instrument was developed by Seal-Whitlock (2002) due to the absence of a reliable instrument "that provided an adequate guide or tool for the orientation of new clinical faculty" (p. 29). The instrument was called Needs Assessment Survey for Topic Inclusion in a Guide to Orientation. To determine what information should be included in the orientation instrument, Seal-Whitlock held brainstorming meetings with experienced and novice clinical faculty who were employed both full-time and part-time in schools of nursing. The meetings "yielded seven categories of concerns totaling 62 statements dealing with issues, activities, tasks, situations, topics, or abilities" (Seal-Whitlock, 2002, p. 31). The statements were divided into the seven categories: *Orientation of Human Needs* (11 statements), *Orientation of Institution* (5 statements), *Orientation of Nursing Faculty* (5 statements), *Orientation of Nursing Office* (5 statements), *Orientation of Nursing Course*(s) (9 statements), *Orientation of Clinical Component of Course(s)* (13 statements), and *Orientation of Clinical Site* (12 statements). Content validity was established by a panel of 34 experts, with estimated years of experience ranging from less than one year to over twenty years. "The faculty members established content validity by rating the importance for inclusion of the topics addressed in the statements" (Seal-Whitlock, 2002, p. 32). Items that were found to have 50% or more of the respondents rating the item as *4-Important* or *5-Very important* were included in the tool. Seven items were found to have less than 50%

rating as *4-Important* or *5-Very Important*. These items were removed from the tool thus resulting in 55 remaining statements in seven categories.

Davidson and Rourke (2012) utilized the original instrument for their study in Canada. This instrument included the majority of the items that the expert panel from Seal-Whitlock's study had rated more than 50% for *4- Important* or *5-Very Important*. For this study, it was decided to keep all of the original 62 items and to again determine the frequency of 50 % of responses of *4- Important* or *5- Very Important* to compare the validity of the tool with the original content validity. With permission from the original author, Davidson and Rouke's version of the instrument was slightly modified to reflect the Canadian healthcare system (Davidson & Rouke, 2012). They added four content specific items regarding the use of clinical simulation technology into the *Orientation of Clinical Component of Course* category. This was because of "the growing prevalence of clinical simulation technology in nursing programs" (Davidson & Rouke, 2012, p. 4). They had removed the categories of *Orientation of Institution and Orientation at Clinical Site,* and changed *Orientation to Nursing Office* to *Orientation to General Office*. Their final tool contained 47 items in five categories.

With permission from both the original author and the subsequent authors (Appendix D), the original tool was again amended by this investigator to fit the current research. The Needs Assessment Survey for Topic Inclusion in a Guide to Orientation, also referred to as Orientation Learning Needs Survey, was used in this study. For example, the content-specific clinical simulation items from Davidson and Rouke (2012) were added to the instrument in this study to reflect the increased use of simulation in schools of nursing. Because this research study was also interested in whether or not

simulation information was provided at orientation, questions were added to each statement on whether or not the content identified in that statement was provided during orientation and if the information was received was the information sufficiently discussed. At the end of each category, participants were also asked, "Based on this section what additional information do you feel is needed?" Additional questions were added to the demographic section including, "Did you receive a formal orientation to your role as an adjunct clinical faculty?" and "While there are numerous reasons why you assumed the adjunct clinical faculty position, of the following (satisfaction from teaching, academic schedule, opportunity to earn a degree, desire to change career path, and additional salary), what is the primary reason for assuming this position?"

As presented in Appendix E, The Needs Assessment Survey for Topic Inclusion in a Guide to Orientation (Orientation Learning Needs Survey) for this study included 58 questions representing 6 categories of orientation topics necessary to transition into an adjunct clinical faculty position. Each of these 63 items was evaluated in two ways: (1) importance level of items to include in an orientation and (2) if the item was provided in orientation. In regards to importance level, participants selected from 1 to 5 scale, with higher scores indicative of greater importance. Next, when evaluating whether the information was provided in orientation participants selected from three options; a) Yes, I received enough information, b) Yes, but I would have liked to receive more information, and c) No, it was not provided in orientation.

These 63 items were followed by three types of demographic information: (1) personal information (e.g., age, gender), (2) information regarding the participants' specialty and academic preparation (e.g., clinical specialty, degrees obtained), and (3)

information regarding the adjunct clinical faculty position (e.g., did you receive a formal orientation to your role as an adjunct clinical faculty member).

Prior to disseminating the research survey questions to the participants, the questions were evaluated by five experts. The pilot study was done using the study survey to determine if the items were clear, determine the length of time to complete, to assess the general usability of the survey, and examine the process of extracting and labeling the Excel data from the Select Survey into an SPSS file. Five content experts were asked to participate in the pilot study. Four of the participants were new adjunct clinical faculty with fewer than two years experiences. The final participant was an adjunct clinical faculty with many years of experience. These participants were asked to complete the survey in its entirety and answer the following three questions:

1) Are the items easy to understand and clear? If not, which statement/items were unclear and why?
2) How was the format and presentation of the survey (e.g., reading the questions horizontal versus vertical, visually appealing, cumbersome with two questions for each item. If there were concerns, please provide suggestions how to change)?
3) How long did it take you to complete the survey?

Overall, the participants in the pilot found the items clear to understand and expressed no concerns with item presentation. The time it took to take the survey ranged from seven minutes to twenty-five minutes. This pilot was done to provide information to future participants regarding time commitment. It was also done to ensure that the survey link was functional, the method of data collection was feasible, and that the

program provided the data in appropriate files when downloaded. Each participant was given a Dunkin Donut's gift card as a token of appreciation for his/her feedback and time in completing the survey.

Data Collection

The survey identified for this study was converted to an online survey through Select Survey. The data were collected electronically over a four-week period. Based on the findings of a study done by Hamilton (2009), it was anticipated that most of the responses would be received within the first two weeks of the survey invitation. Several steps were taken to obtain all eligible adjunct clinical faculty as previously discussed in the recruitment section of this chapter. Data were collected via Select Survey and then imported to Statistical Package for the Social Science (SPSS) version 22. Data were stored on a password-protected hard drive that was accessible to only the researcher. Once all data were collected, the researcher worked with a statistician to analyze the data. Once the survey was closed, data were organized by programs to determine if a response rate could be determined as well as the geographic representation of programs. Originally, following data collection if there was an over-representation of programs in one area of the country, stratified random sampling was going to be considered in order to be able to generalize findings. There was no over-representation of one or more regions; therefore, there was no need to conduct a stratified random sampling. Of the 106 respondents, the data represented the four geographic areas of the country. There were 17 participants from the West, 35 from the Midwest, 19 from the Northeast, and 20 from the South. Fifteen participants did not indicate in which state they were employed. Finally, since it was not possible to determine whether or not schools of nursing had

adjunct clinical faculty nor the exact number of adjunct clinical faculty in total, it was not possible to calculate a response rate. Many schools of nursing provided a number of the total number of adjunct clinical faculty they had versus only those who had two years or less experience. Other schools of nursing did not provide a number of adjunct clinical faculty, but were willing to forward the survey to their adjunct clinical faculty.

Data Analysis

The collected data were analyzed through several stages. First, the Excel data from Select Survey was imported to SPSS. Once imported into SPSS, the data file was inspected for accuracy. As Excel data are routinely downloaded into SPSS, errors were not anticipated from this step (Field, 2013).

As importing data from Excel is customary in SPSS, no errors in the data values were anticipated. Inspection of the SPSS data confirmed that the Excel file was successfully and accurately imported. Values that were omitted in the Excel file were identical to the values missing in SPSS. This demonstrated that they were exact matches. Prior to addressing the research questions, an exploratory analysis was performed to uncover extreme values, evaluate the data to determine if the assumptions of parametric analyses were tenable, and perhaps identify unexpected, but promising lines of investigation.

Next, the variables within the SPSS file were evaluated for outliers, normalcy, and variability using SPSS exploratory programs. This phase of the data inspection provided information regarding the types of appropriate descriptive analyses. Demographic data and the quantitative responses from the questionnaire were summarized using descriptive statistics, depending on the type of information solicited.

For example, number of years as a registered nurse was summarized with means, standard deviations, and minimum and maximum values, while area of clinical specialty were summarized using frequency and percent as this variable represents nominal or categorical information. Finally, prior to addressing the research questions, the internal consistency of the survey tool was established. This calculation was necessary as Polit and Beck (2012) state that an instrument's reliability is not a fixed entity. "The reliability of an instrument is a property not of the instrument but rather of the instrument when administered to certain people under certain conditions" (Polit & Beck, 2012, p. 335). If the instrument is not internally consistent, there is no basis for forming a total score or subscale/category scores.

The qualitative (open-ended) responses were summarized manually. A template analysis approach was utilized (Creswell, 2008) for analysis. Emerging patterns or themes were identified and a summation of these emergent themes were developed for each open-ended question and then grouped into overall themes. The individual responses from each participant are presented in the appendices.

Limitation of the Research Design

There were few limitations to the research design. First there was an unknown number of adjunct clinical faculty at each CCNE-accredited BSN school of nursing who had two years or less of experience. Due to this lack of an accurate number of faculty eligible to participate in the study, the researcher did not have a denominator to calculate the response rate for the 106 answered surveys from new clinical adjunct faculty. The researcher attempted to use the number of CCNE programs that identified having clinical adjunct faculty with two years' experience or less to calculate the response rate; however,

due to the low number of returned surveys indicating that they had adjunct faculty with two years or less experience, the survey was sent out to the entire sample versus only those who had adjunct clinical faculty with two years or less experience in academia. In addition, 14 participants did not indicate which state they taught clinical and 19 participants did not indicate which school of nursing they taught for. The second limitation was that this study used a convenience sample; therefore, the results may not be a true representation of the population and cannot be generalized to entire populations of clinical adjunct faculty.

Ethical Considerations (IRB)

The researcher completed the National Institution of Health (NIH) online training program (See Appendix I). The researcher submitted the proposal to the Western Connecticut State University (WCSU) Institutional Review Board (IRB) for expedited review (Appendix H). The application was submitted and received approval prior to conducting the study. All participants of this study volunteered to participate and were provided with a cover letter (Appendix G) that provided a description of the research study. The cover letter contained the purpose of the study, how the study was designed, an estimation of the time it would take to complete the survey, how confidentiality would be maintained and information secured, IRB approval, risk/benefits as well as incentive to increase participation. The study was not designed to benefit the participants directly; however, there was the possibility that the participants may learn about the anticipated role of the adjunct clinical faculty through their participation. Risks for this study were similar to the same risk an individual would encounter when participating in an online general survey. No specific risks were identified. Completion of the survey instrument

and demographic survey implied consent by the respondent to participate in the study. Information on how to contact the investigator of the study, as well as the IRB Chairperson of WCSU, was provided to each participant in the cover letter. Participation was voluntary and the participant could end the survey at any time with no penalty. Upon completion of the survey, participants were asked if they would like to be entered into a drawing for a chance to win one of two $50 Amazon gift cards by sending their contact information separately to the researcher. This incentive was intended to increase participation.

Summary

This chapter addressed the methods of investigation for the study. Population and sample were discussed, along with recruitment efforts. A description of the instrument of measurement was presented. Data collection, informed consent, and data analysis were also discussed. Following data collection and analysis, Chapters 4 and 5 present the findings and discussion of this study.

CHAPTER 4

Introduction

The current shortage of qualified nursing faculty places schools of nursing in the position of filling faculty vacancies with clinical experts, such as clinical nurse specialists (CNSs) and nurse practitioners (NPs). Expert clinicians who assume these academic roles face a work-role transition to that of novice adjunct clinical faculty. The purpose of this descriptive, non-experimental quantitative study was to examine the orientation learning needs of adjunct clinical faculty as they transition from expert clinicians to novice educators. The findings of this study identified aspects of orientation programs that were needed and changes in these orientation programs that need to be addressed in the future. The research questions were evaluated using a non-experimental, descriptive research design (Polit & Beck, 2012), which is defined as a systematic approach to studying the state of knowledge, ability, interests, attitudes, or perceptions of a defined audience or group involving a particular subject matter. Polit and Beck (2012) maintain that the "aim of such a study is to see if a program is meeting the needs of those who are supposed to benefit from it" (p. 267). The Needs Assessment Survey for Topic Inclusion in a Guide to Orientation (Orientation Learning Needs Survey) was used to identify information adjunct clinical faculty felt was important to include in an orientation program. Once this information was identified, the researcher looked to see whether the information was provided during any part of their orientation and if it was, whether the information was sufficiently covered. Finally, the survey included several demographic questions. These were added to allow the investigation of differences based on

demographic information. This chapter presents the findings of the study and the methods of data analysis.

Description of the Sample

One hundred seventeen nurses answered the questionnaire online through the *Select Survey Program*. This online data collection program saved the nurses' responses in an Excel file that was directly imported into SPSS version 22. Examination of the data file revealed that several participants opened the questionnaire and did not answer any of the items. These 11 participants were removed from the data set, yielding a final sample of 106 usable surveys, representing a 91% usable rate based on the 117 participants who opened the survey. No other participants were deleted from the data file, even if they did not complete all of the items on the Orientation Learning Needs Survey or the background questions. This decision was prompted by the fact that this project was a learning needs assessment directed at descriptively summarizing the orientation learning needs that expert clinicians feel they need as they transition into the role of novice nurse educator. This survey did not require a total score based on the six categories; therefore, it was acceptable to use surveys with missing data and describe results. Where participants did not respond to items within each category, the total number of participants for each item are denoted in the following tables.

One area explored was the number of schools of nursing who had adjunct clinical faculty with two years or less experience. The schools of nursing were categorized based on United States Census Bureau Regions (see Appendix B) and whether or not they had adjunct clinical faculty meeting the criteria (see Table 2). Many school of nursing administrators who responded reported that they did not know exactly how many adjunct

clinical faculty they had; thus they either did not provide a number, or provided the total number of adjunct clinical faculty they had at their institution. Some administrators provided ranges of numbers of adjunct clinical faculty, i.e., 15-20. Due to this, the researcher was unable to determine the exact population size to calculate a response rate or power analysis as noted previously.

Table 2

Schools of Nursing Administrator's Response to Initial E-mail by Regions

U.S. Regions	Total number of CCNE-accredited BSN programs	Number of schools who reported having adjunct clinical faculty with 2 years or less experience	Number of schools who reported NOT having adjunct clinical faculty with 2 years or less experience	Number of schools who did not provide an answer whether or not they have adjunct clinical faculty
Northeast	135	18	14	103
Midwest	206	31	24	151
South	205	24	25	156
West	92	16	3	73
Totals	638	89	66	438

The inclusion criteria stipulated that only the responses of expert clinicians with two or less years of experience as adjunct clinical faculty would be included in the sample. The decision to forego this criterion was made based on the fact that 50% of the participants left the demographic question addressing this issue blank and only five other participants reported adjunct clinical faculty experience greater than two years.

The 106 adjunct clinical faculty who formed the final sample for this survey were primarily females between 25 and 75 years of age with an average of 45.56 years (SD =

11.64). Using December 31, 2014 as a reference, these nurses reported that they served as RNs between 2 and 54 years with a mean of 19.1 years (SD = 12.21). For the same time period, the nurse participants stated that they functioned as adjunct clinical faculty members between 0 and 15 years, with an average of 1.73 years (SD = 2.51) (see Table 3).

Table 3

Metric Demographic Characteristics of Adjunct Clinical Faculty

Characteristics	N completed	Minimum	Maximum	Mean	SD
Age	85	25	75	45.56	11.64
Years as RN	75	2	54	19.10	12.21
Years as Adjunct	50	0	15	1.73	2.51
Number courses taught	88	1	10	2.42	1.89

Additionally, these nurse participants had accumulated a variety of educational degrees beyond the BSN, with the majority indicating that they earned an MSN as noted in Table 4. Although the majority (88.6%) of these nurses stated that they taught between one and four clinical courses as adjunct faculty, almost half of them (48.2%) reported that they had no formal orientation to the role of adjunct clinical nursing faculty (See Table 4).

Table 4

Categorical Demographic Characteristics of Adjunct Clinical Faculty

Characteristics	Categories	N completed	Percent
Gender			
	Female	83	91.2
	Male	8	8.8
	No responses	15	
Educational preparation*			
	BSN	68	
	MSN (clinical)	26	
	MSN (nursing admin)	6	
	MSN (nursing ed)	22	
	M.Ed	1	
	MS (outside of nursing)	7	
	DNP	2	
	PhD (nursing)	2	
	PhD (other)	1	
Number of courses taught in the clinical area in the first 2 years as an adjunct clinical faculty			
	One	38	43.2
	Two	20	22.7
	Three	11	12.5
	Four	9	10.2
	Five	4	4.5
	Six or more	6	6.7
	No response	18	
Formal orientation to role as adjunct clinical faculty			
	Yes	44	51.7

Characteristics	Categories	N completed	Percent
	No	41	48.2
	No response	21	
Location of clinical teaching by U.S. Regions			
	West	16	17.6
	Midwest	36	39.6
	Northeast	19	20.9
	South	20	22.0
	No responses	15	

* Participants were asked to identify all the degrees obtained so the total exceeds the sample size of 106. Accordingly, no percentage data can be included for this variable.

Reliability of the Tool

Prior to analyzing the data to answer the posed research questions, the survey comprising six categories of orientation was evaluated for reliability. Confirmation of the internal consistency was deemed necessary in light of Polit and Beck's (2012) argument that an instrument's reliability is not a fixed characteristic of the tool or questionnaire but can change with the sample. Additionally no previous reliability testing was available.

Although there are several approaches to measure internal consistency of this instrument, the most widely used method is to compute Cronbach's Alpha (or coefficient alpha). The normal range of values for coefficient alpha is between .00 and 1.00, with higher values indicative of better internal consistency. Alpha is an estimate of how much "true score" versus "error" there is in a scale (Polit, 2010). The internal consistency of the six categories of the Orientation Learning Needs Survey is greater than the currently recommended minimum value of 0.70. The first five of the six categories explain at least 77% of the variability in the scores, leaving 23% or less representing random, extraneous

fluctuation on these categories. The *Orientation to General Office* score only accounts for 59% of the variability, so the amount of error is approximately about 41%. There were only two items in the *Orientation to General Office* category.

Table 5

Reliability for the Needs Assessment Survey for Topics Inclusion in a Guide to Orientation

Categories of Orientation	N completed	Number of Items	Alpha
Clinical Component of Course	100	21	.89
Clinical Site	89	11	.89
Nursing Course(s)	90	9	.91
Nursing Faculty	91	10	.90
Human Needs	89	10	.88
General Office	92	2	.77

Summary and Detailed Analysis of Results Related to the Research Questions

As importing data from Excel is customary in SPSS, no errors in the data values were anticipated. Inspection of the SPSS data confirmed that the Excel file was successfully and accurately imported. Values that were omitted in the Excel file were identical to the values missing in SPSS, demonstrating that these were exact matches.

Prior to addressing the research questions, an exploratory analysis was performed to uncover extreme values, evaluate the data to determine if the assumptions of parametric analyses were tenable, and perhaps identify unexpected but promising lines of investigation. No other participants were deleted from the data file, even if they did not complete all of the items on the Orientation Learning Needs Survey or the background

questions. This decision was prompted by the fact that this project was a learning needs assessment directed at descriptively summarizing the orientation learning needs that expert clinicians felt they needed as they transition into the role of novice nurse educator. This survey did not require a total score based on the six categories; therefore it was acceptable to use surveys with missing data and summarize results. Where participants did not respond to the items the numbers of these items are indicated in the following charts.

Research Question #1: What issues do adjunct clinical faculty identify as the most influential in their decision to transition from expert clinicians to novice nurse educators?

The data addressing this question came from the demographic portion of the orientation survey. When asked for their primary reason for adopting the adjunct clinical faculty role, almost two-thirds of the nurses (62.6%) checked that they assumed this role for the satisfaction from teaching. Slightly less than one-fourth (22%) indicated that they assumed adjunct clinical faculty positions as desire to change career path. The remaining responses were evenly split between the academic schedule and the opportunity to earn additional salary (see Table R1.1). Overwhelmingly, adjuncts stated their primary reason for assuming the role of the adjunct clinical faculty was due to satisfaction from teaching, which was more than all the other reasons combined.

Table R1.1

Primary Reason for Assuming an Adjunct Clinical Faculty Position

Reason	**N completed**	**Percent**
Academic schedule	5	5.5
Satisfaction from teaching	57	62.6
Opportunity to earn an academic degree	1	1.1
Desire to change career path	20	22.0
Additional salary	8	8.8
No response	15	

Research Question #2: What learning needs do adjunct clinical faculty identify as they transition from expert clinician to novice nurse educator?

The survey addressed six categories of the orientation process. The learning needs of adjunct clinical faculty were reported separately for each of these orientation categories, starting with the *Orientation of Clinical Component of Course* and ending with *Orientation to General Office*. Since the number of items in each of the six categories varies, the average category score was determined, to provide an overall picture of the level of importance of each of the six categories.

Overall importance of each category in the transition

The average value for each category score was summarized descriptively for the sample of nurse participants (see Table R2.1). As suggested by the minimum and maximum values and supported by the standard deviation, the important items addressing the *Orientation of Clinical Component of Course* were characterized by the greatest

consistency in responses by this sample of adjunct clinical faculty. This pattern of agreement is in sharp contrast to the variability in importance associated with items directed at the *Orientation to the General Office*. Inspection of the mean importance values suggests that this sample of adjunct clinical faculty value orientation to the *Clinical Component, Clinical Site,* and *Nursing Course(s)* higher than orientation to the *Nursing Faculty, Human Needs* and *General Office*.

Table R2.1

Average Importance of the Six Categories of Orientation

Orientation Categories	N completed	Min	Max	Mode	Mean	SD
Clinical Component of Course	99	3.50	4.77	4.77	4.33	.35
Clinical Site	89	2.55	5.00	5.00	4.34	.51
Nursing Course(s)	90	2.56	5.00	5.00	4.43	.51
Nursing Faculty	91	2.70	5.00	4.00	4.22	.56
Human Needs	89	2.60	5.00	4.00	4.17	.53
General Office	92	1.00	5.00	4.00	4.04	.80

Within each of the six categories, the values assigned to the various items comprising those categories provided a clearer picture of the importance of different issues. As evidenced in the following Table R2.2, the overwhelming majority of adjunct clinical faculty considered most of the issues dealing with students' performance, clinical handouts, and forms and procedures to follow when a student is injured from an incident as *Very Important* (assigning an importance value of *5*) in the clinical component. However, for items beginning with adjunct clinical faculty breaks and continuing through

orientation to clinical simulation resources and equipment, most of the adjunct clinical faculty deemed these items as *Important*, assigning an importance value of *4*.

Table R2.2

Orientation of Clinical Component of Course Importance Items

Items	Importance Rating						Mean	SD
	1	2	3	4	5	Blank		
Adjunct clinical faculty job description	0	1	4	47	54	0	4.45	.62
Clinical handouts and forms needed (i.e. care plan format, physical assessment form, facility requirement forms)	0	0	1	24	81	0	4.75	.45
Criteria or guidelines for grading clinical paperwork	1	0	3	31	72	0	4.63	.62
Criteria or guidelines for evaluation of students' clinical performance	0	0	0	24	81	1	4.77	.42
Schedule for evaluating students' clinical performance (weekly, mi-term, final, etc.)	0	0	2	37	67	0	4.61	.53
Grading method for clinical (i.e. pass/fail, satisfactory, letter grade)	0	0	2	36	66	0	4.58	.57
Correlation of clinical experience with theory component (concurrent)	0	0	2	41	63	0	4.58	.54
Resources for students with special clinical needs (i.e. latex allergy, hearing impairment)	0	0	5	38	62	1	4.54	.59
Procedure to follow if student … is under influence (drug, alcohol, etc.)	0	0	2	36	68	0	4.62	.53
…is unprepared for clinical experience	0	0	1	38	66	1	4.62	.51

Items	Importance Rating						Mean	SD
	1	2	3	4	5	Blank		
… is unable to perform appropriately	0	0	0	33	73	0	4.69	.47
…commits safety or judgment error	0	0	0	28	78	0	4.74	.44
…is injured from an incident (i.e. needle stick)	0	1	1	22	82	0	4.75	.52
…is late, does not call or does not attend	0	0	2	45	59	0	4.54	.54
Process for choosing patient assignments appropriate to student's level	2	0	3	43	58	0	4.46	.73
Referral process for student advisement or counseling	0	1	3	46	54	2	4.47	.61
Policy regarding clinical faculty absence on site for breaks or meals	1	3	16	45	41	0	4.15	.85
Advisement of students' current level of competency skill performance	0	0	2	54	50	0	4.45	.54
Process for referring students for clinical simulation (i.e. review/practice nursing skills, simulation situation student had difficulty with)	1	0	4	55	46	0	4.37	.65
Role of clinical instructor in simulation	0	3	8	51	42	2	4.27	.73
Orientation to clinical simulation resources and equipment (i.e. workstation, simulator, patient scenarios)	0	1	8	51	46	0	4.34	.66

In the next table, Table R2.3, the items were explored to determine whether they were provided in orientation or not. Further, if the item was addressed in orientation, was it sufficiently discussed or not.

Table R2.3

Orientation of Clinical Component of Course Orientation Items

Items	Discussed at orientation? Yes and sufficient f	%	Yes but insufficient f	%	No f	%
Adjunct clinical faculty job description	28	26.4	42	39.6	35	33.0
Clinical handouts and forms needed (i.e. care plan format, physical assessment form, facility requirement forms)	35	33.0	44	41.5	27	25.5
Criteria or guidelines for grading clinical paperwork	21	19.8	48	45.3	37	34.9
Criteria or guidelines for evaluation of students' clinical performance	27	25.5	49	46.2	30	28.3
Schedule for evaluating students' clinical performance (weekly, mi-term, final, etc.)	45	42.5	28	26.4	33	31.1
Grading method for clinical (i.e. pass/fail, satisfactory, letter grade)	49	46.2	36	34.0	21	19.8
Correlation of clinical experience with theory component (concurrent)	33	31.1	27	25.5	44	41.5
Resources for students with special clinical needs (i.e. latex allergy, hearing impairment)	24	22.6	13	12.3	69	65.1
Procedure to follow if student						

Items	Discussed at orientation? Yes and sufficient f	%	Yes but insufficient f	%	No f	%
…is under influence (drug, alcohol, etc.)	35	33.0	19	17.9	52	49.1
…is unprepared for clinical experience*	42	39.6	26	24.5	36	34.0
…is unable to perform appropriately*	38	35.8	29	27.4	38	35.8
…commits safety or judgment error	39	36.8	31	29.2	36	34.0
…is injured from an incident (i.e. needle stick)	44	41.5	31	29.2	31	29.2
… is late, does not call or does not attend*	52	49.1	25	23.6	28	26.4
Process for choosing patient assignments appropriate to student level	38	35.8	19	17.9	49	46.2
Referral process for student advisement or counseling	35	33.0	24	22.6	47	44.3
Policy regarding clinical faculty absence on site for breaks or meals	36	34.0	13	12.3	57	53.8
Advisement of students' current level of competency skill performance	35	33.0	24	22.6	47	44.3
Process for referring students for clinical simulation (i.e. review/practice nursing skills, simulation situation student had difficulty with)	30	28.3	24	22.6	52	49.1
Role of the clinical instructor in simulation	32	30.2	24	22.6	49	46.2
Orientation to clinical simulation resources and equipment (i.e. workstation, simulator, patient scenarios)	33	31.1	23	21.7	50	47.2

Items	Discussed at orientation? Yes and sufficient f	%	Yes but insufficient f	%	No f	%

* Denotes items that indicate one or more participants did not respond to that item.

As documented above, the responses of the adjunct clinical faculty identify several issues as very important to their ability to function effectively in the clinical component of a nursing course, as well as whether the information was sufficiently provided in orientation. The responses of the adjunct clinical faculty indicate that several clinical components were not addressed at orientation. Resources for students with special clinical needs (e.g., latex allergy or hearing impairment) had a 65.1% reported omission, yet the same adjunct clinical faculty rated this item an average of *4.5* on a *5*-point scale of importance as noted in the previous table. There were several other items that produced similar findings. Referral process for advisement/counseling had reported 44.3% omission from orientation, but participants felt information to be *Important* or *Very Important*. Procedure to follow if student is under the influence had a 49.1% reported omission, yet the majority of participants reported this as *Very Important*. Process for choosing patient assignment appropriate to student's level was 46.2% reported omission, and 58 participants reported this as *Very Important*. Correlation of clinical experience with theory was another item that had a high reported omission from the orientation process and was rated *Very Important*.

The items comprising the *Orientation of Clinical Site* were summarized using frequencies and overall means and standard deviations (see Table R2.3). Further after reviewing this table, it can be seen that all but one item was rated as *Important* (a score of *4* or higher). This rating was also confirmed by the distribution of frequencies. Although

the remaining items received average ratings above *4*, the item with the highest average rating was familiarity with the facility's equipment. The majority of participants (54%) rated this item as *Very Important*.

Table R2.4

Orientation of Clinical Site Importance Items

Items	Importance Rating						Mean	SD
	1	2	3	4	5	Blank		
Tour of facility	1	2	6	39	49	9	4.37	.78
Location of facility's policy and procedures (i.e. online, manuals)	0	2	6	37	52	9	4.43	.71
Identification of facility's emergency code, fire plan, etc.	0	3	4	35	54	10	4.46	.72
Information needed for access to facility for faculty and students	0	1	6	35	54	10	4.48	.67
Familiar with facility's equipment (i.e. computer system, IV pumps, lifts)	1	1	2	34	57	11	4.53	.70
Contact for in-service training of equipment	3	0	13	41	27	12	4.16	.90
Established routine for time frame of clinical experience	0	0	4	46	45	0	4.43	.58
Accessibility, ordering, and charging of supplies for use and/or waste by students	1	1	30	36	27	11	3.92	.86

Items	Importance Rating						Mean	SD
	1	2	3	4	5	Blank		
Identification of nursing care delivery system of the unit	0	0	9	47	37	13	4.30	.64
Charting method (i.e. PIE, SOAP, etc.)	2	1	4	39	49	11	4.39	.80
Identified mentors for students	1	0	8	45	41	11	4.32	.72

Similar to the *Orientation of Clinical Component of Course* items, the items addressing the *Orientation of Clinical Site* were described and summarized as to whether the information was presented at an orientation or not (Table R2.5).

Table R2.5

Orientation of Clinical Site Orientation Items

Items	Discussed at orientation?					
	Yes and sufficient		Yes but insufficient		No	
	f	%	f	%	f	%
Tour of facility*	55	56.7	15	15.5	27	27.8
Location of facility's policy and procedures (i.e. online, manuals)*	47	48.5	14	14.4	36	37.1
Identification of facility's emergency code, fire plan, etc.*	50	51.5	10	10.3	37	38.1
Information needed for access to facility for faculty and students*	53	55.2	18	18.8	25	26.0
Familiar with facility's equipment (i.e. computer system, IV pumps, lifts)*	35	37.2	25	26.6	34	36.2
Contact for in-service training of equipment*	32	33.3	19	19.8	45	42.5

Establish routine for time frame of clinical experience	48	51.6	23	24.7	22	23.7
Accessibility, ordering, and charging of supplies for use and/or waste by students*	30	31.6	7	7.4	58	61.1
Identification of nursing care delivery system of unit*	42	45.2	15	16.1	36	38.7
Charting method*	43	45.3	20	21.1	32	33.7
Identified mentors for students*	34	36.2	14	14.9	32	33.7

* Denotes items that indicate one or more participants did not respond to that item.

Review of this table confirms that the adjunct clinical faculty felt the majority of items regarding the clinical site were sufficiently covered at orientation, with a few exceptions. Focusing only on the item that the majority of the nurse educators deemed *Very Important* (by assigning a rating of *5*) was familiarity with facility's equipment (e.g., computer system, IV pumps, lifts). The majority of these participants reported that this information was not included in any orientation or insufficiently covered in orientation.

The next group of nine items focused on *Orientation of Nursing Course(s)* (see Table R2.6). Each item within this category had missing responses. Three items within this category shared similarly high average ratings: 1) course syllabus and outline for current course(s) currently teaching, 2) handouts and forms needed for the course(s), and 3) textbooks and other materials utilized in current course. Likewise, for these three items, the standard deviation was small, suggesting that there is little variance in the participant's responses to these items.

Table R2.6

Orientation of Nursing Course(s) Importance Items

Items	Importance Rating						Mean	SD
	1	2	3	4	5	Blank		
Description of nursing course(s)*	0	1	3	38	52	12	4.50	.62
Sequence of nursing course(s)*	0	1	7	48	37	13	4.30	.66
Course syllabus and outline for current course(s) currently teaching*	0	0	1	29	62	14	4.66	.50
Handouts and forms for current course(s)*	0	0	2	33	59	12	4.61	.53
Textbooks and other materials utilized in current course*	0	0	2	39	52	13	4.54	.54
Resource materials utilized in current course*	0	2	1	43	48	12	4.46	.63
Criteria or guidelines for grading students (theory)*	0	4	7	36	46	13	4.33	.80
Criteria of guidelines for evaluating (theory)*	1	2	8	44	39	12	4.26	.79
Criteria for student evaluation of nursing program*	0	2	10	40	42	12	4.30	.75

* Denotes items that indicate one or more participants did not respond to that item.

In the next table, Table R2.7, participants' responses as to whether the items within *Orientation of Nursing Course(s)* were sufficiently covered in orientation or not are depicted.

Table R2.7

Orientation of Nursing Course(s) Orientation Items

Items	Discussed at orientation?					
	Yes and sufficient		Yes but insufficient		No	
	f	%	f	%	f	%
Description of nursing course(s)*	52	55.9	24	25.8	17	18.3

Items	Discussed at orientation? Yes and sufficient f	%	Yes but insufficient f	%	No f	%
Sequence of nursing course(s)*	35	37.6	29	31.2	29	31.2
Course syllabus and outline for current course(s) currently teaching*	65	69.1	17	18.1	12	12.8
Handout and forms needed for current course(s)*	51	54.8	26	28.0	16	17.2
Textbooks and other material utilized in current course*	52	55.3	11	11.7	31	33.0
Resource materials utilized in current course*	35	37.2	27	28.7	32	34.0
Criteria or guidelines for grading students (theory)*	29	31.5	33	35.9	30	32.6
Criteria or guidelines for evaluating (theory)*	32	34.4	28	30.1	33	35.5
Criteria for student evaluation of nursing program*	31	33.3	22	23.7	40	43.0

* Denotes items that indicate one or more participants did not respond to that item.

The three clinical course items (course syllabus, course handouts, and textbooks) designated as *Very Important* (Table R2.6) were adequately covered during the orientation (see Table R2.7). The items that were considered *Important*, such as criteria for students' evaluation of nursing program, or criteria or guidelines for evaluating (theory) were generally reported by the majority of the participants as being omitted from the orientation.

The fourth category of items refers to the *Orientation of Nursing Faculty*. Ten items are included within this category. Several adjunct clinical faculty (12 or 13) did not respond to every item within this category. As suggested by the frequencies and the

means, knowing the admission guidelines to the nursing program was deemed neutral, *Neither Important/Unimportant*. All other items were typically considered as *Important.*

Table R2.8

Orientation of Nursing Faculty Importance Items

Items	Importance Rating					Blank	Mean	SD
	1	2	3	4	5			
Computer access (e-mail, Blackboard, intranet, school of nursing website)*	0	1	2	32	9	12	4.59	.59
Nursing faculty undergraduate manual*	2	4	14	40	34	12	4.06	.94
Nursing student handbook*	0	3	10	42	39	12	4.24	.77
Organization structure of nursing program*	0	3	5	51	35	12	4.26	.70
Mission statement, philosophy and goals of nursing program*	0	1	8	52	33	12	4.24	.65
Admission guidelines to nursing program*	1	4	26	36	26	13	3.88	.91
Faculty development plan*	0	5	13	47	29	12	4.06	.81
Malpractice coverage by institution for nursing students*	1	3	10	38	42	12	4.24	.85
Introduction to faculty members*	0	0	4	45	44	13	4.43	.58

Items	Importance Rating					Blank	Mean	SD
	1	2	3	4	5			
Introduction to Chair, Dean, Associate/Assistant Dean, University administrators*	0	3	14	44	32	13	4.13	.78

*Denotes items that indicate one or more participants did not respond to that item.

This category was then summarized as to whether or not the information was presented at orientation.

Table R2.9

Orientation of Clinical Site Orientation Items

Items	Discussed at orientation?					
	Yes and sufficient		Yes but insufficient		No	
	f	%	f	%	f	%
Computer access (e-mail, Blackboard, intranet, school of nursing website)*	52	55.3	33	35.1	9	9.6
Nursing faculty undergraduate manual*	38	41.3	14	13.2	40	43.5
Nursing student handbook*	39	42.4	16	17.4	37	40.2
Organizational structure of nursing program*	36	38.7	19	17.9	38	40.9
Mission statement, philosophy and goals of nursing program*	57	61.3	9	9.7	27	29.0
Admission guidelines to nursing program*	20	21.7	11	12.0	61	66.3
Faculty development plan*	14	15.1	15	16.1	64	68.8

Malpractice coverage by institution for nursing students*	15	16.1	12	12.9	66	71.0
Introduction to faculty members*	45	47.9	29	30.9	20	21.3
Introduction to Chair, Dean, Associate/Assistant Dean, University administrators*	42	44.7	15	16.0	37	39.4

* Denotes items that indicate one or more participants did not respond to that item.

Items evaluated as *Neither Important/Unimportant* (e.g., admission guidelines to the nursing program) were also considered by the majority of adjunct clinical faculty to be sufficiently described at orientation. Likewise, items deemed *Important,* such as computer access or introductions to nursing faculty and Chairs, Deans, etc., were considered to be sufficiently described by majority of the adjunct clinical faculty in this sample. Malpractice coverage by institution for nursing students had 71.0% reported omission from orientation, yet participants felt this item to be *Very Important or Important*.

The fifth category focused on *Orientation of Human Needs* and was evaluated by 10 items. Review of these items (see Table R2.10) suggests that the adjunct clinical faculty generally felt that room locations (bathrooms, lounges) were regarded as *Neither Important/ Unimportant* as the items were assigned average rating in the threes. However, both personal items, such as benefits, paychecks, malpractice coverage, and important dates as well as student-related information including criteria for students to evaluate faculty and dates of those evaluations, were deemed *Important*.

Table R2.10

Orientation of Human Needs Importance Items

Items	Importance Rating						Mean	SD
	1	2	3	4	5	Blank		
Benefit information (including pay scale)*	0	0	9	42	42	13	4.35	.65
Method and frequency of payment or reimbursement (direct deposit, expense, etc.)*	0	0	5	52	36	13	4.33	.58
Schedule of important dates (i.e. pay day, holidays, breaks, faculty meetings)*	0	1	2	56	35	12	4.33	.58
Malpractice coverage of nursing license provided by institution*	1	1	5	48	39	12	4.31	.72
Shown location of office, desk or work area and provided with necessary keys or codes*	1	2	17	41	32	13	4.09	.84
Location of faculty bathroom facilities*	5	5	24	40	20	12	3.69	1.04
Location of faculty cafeteria/lounges*	6	9	22	39	17	13	3.56	1.10
Criteria of student evaluation of faculty (including clinical component)*	1	0	7	40	46	12	4.38	.72
Schedule of student evaluation of faculty (including clinical component)*	0	0	5	54	33	14	4.30	.57
List of important and emergency numbers (including pagers and cell-phones, emergency response system)*	0	1	6	42	45	12	4.39	.66

* Denotes items that indicate one or more participants did not respond to that item.

This category of items was then examined by the information presented during orientation.

Table R2.11

Orientation of Human Needs Orientation Items

Items	Discussed at orientation? Yes and sufficient f	%	Yes but insufficient f	%	No f	%
Benefits information (including pay scale)*	54	59.3	20	22.0	17	18.7
Method and frequency of payment or reimbursement (direct deposit, expense, etc.)*	62	66.7	19	20.4	12	12.9
Schedule of important dates (i.e. pay day, holidays, breaks, faculty meetings)*	58	63.7	19	20.9	14	15.4
Malpractice coverage of nursing license provided by institution*	18	19.1	10	10.6	66	70.2
Shown location of office, desk, or work area and provided necessary keys or codes*	46	49.5	17	18.3	30	32.3
Location of faculty bathrooms facilities*	65	69.1	3	3.2	26	27.7
Location of faculty cafeteria/ lounges*	55	58.5	9	9.6	30	31.9
Criteria of student evaluation of faculty (including clinical component)*	30	32.3	17	18.3	46	49.5
Schedule of student evaluation of faculty (including clinical component)*	31	33.7	15	16.3	46	50.0
List of important and emergency numbers (including pagers and cell-phones, emergency response system)*	50	53.2	18	19.1	26	27.7

* Denotes items that indicate one or more participants did not respond to that item

The location of bathroom facilities and cafeteria/lounges considered *Neither Important/Unimportant* was reported as sufficiently covered during orientation by the majority of respondents. However, some of the personal items (salary, important dates) that were rated as *Important* were considered sufficiently covered during orientation while other important personal items, such as malpractice insurance, were not covered during orientation as indicated by the majority of responses in this category. The item related to criteria for student evaluation of faculty was viewed as *Very Important*, yet had a 49.5% reported omission from orientation.

The sixth and final category includes two items that refer to *Orientation to General Office*. Both items were rated by the majority of participants as *Important*, with mean values close to 4 (Table R2.12). Both items were considered to be adequately addressed during orientation (Table R2.13).

Table R2.12

Orientation to General Office Importance Items

Items	Importance Rating						Mean	SD
	1	2	3	4	5	Blank		
Introduction to office staff*	1	3	11	47	31	13	4.12	.82
Location and access of copy machine, fax, computers, printers, office supplies*	3	3	15	44	27	14	3.97	.94

* Denotes items that indicate one or more participants did not respond to that item.

Table R2.13

Orientation to General Office Orientation Items

Items	Discussed at orientation? Yes and sufficient f	%	Yes but insufficient f	%	No f	%
Introduction to office staff*	46	49.5	23	24.7	24	25.8
Location and access of copy machine, fax, computers, printers, office supplies*	37	40.2	22	23.9	33	35.9

* Denotes items that indicate one or more participants did not respond to that item.

Overall, the level of importance items addressed in *Orientation of Clinical Component of Course* were characterized by the greatest consistency in responses by the sample. The pattern of agreement is in sharp contrast to the variability in importance associated with items directed at the *Orientation to General Office*. Adjunct clinical faculty valued orientation to the *Clinical Component*, *Clinical Site,* and *Nursing Course(s)* higher than orientation to the *Nursing Faculty, Human Needs,* and *General Office*. Each item within each category was analyzed to determine importance level and if the information was provided in orientation. If the information was provided in orientation, the participants were asked if the information was sufficiently covered. There were several items that participants felt were *Very Important,* yet, the participants felt they were omitted during orientation or not sufficiently discussed in orientation (Table R2.14).

Table R2.14

Very Important Items Omitted from Orientation and Provided in Orientation but were Insufficient

Very Important Items Omitted	Very Important Items Insufficient
Resources for student with special clinical needs (i.e. latex allergy, hearing impairment)	Adjunct clinical faculty job description
Correlation of clinical experience with theory (concurrent)	Clinical handouts and forms needed (i.e. care plan format, physical assessment form, facility required forms)
Procedure to follow it student is under influence (drug, alcohol, etc.)	Criteria or guidelines for grading clinical paperwork
Process for choosing patient assignments appropriate to student's level	Criteria or guidelines for evaluation of students' clinical performance
Procedure to follow if student is unable to perform appropriately*	Criteria or guidelines for grading students (theory)
Referral process for student advisement or counseling	
Familiar with facility's equipment (i.e. computer system, IV pump, lifts)*	
Criteria for student evaluation of Nursing Program	
Malpractice coverage by institution for nursing students	
Criteria of student evaluation of faculty	

* Denotes items that more than 50% of participants felt that it was omitted or insufficiently covered in orientation.

These results identify a need for this information to be included in an orientation program for novice adjunct clinical faculty.

Research Question #3: Do participant demographics impact the learning needs of expert clinicians as they transition to the novice nurse educator role?

Several demographic variables were considered to determine if participant characteristics of expert clinicians had any impact on their learning needs as they transition to the novice educator role. These included whether the expert clinical nurse

did or did not have a formal orientation before assuming their adjunct clinical faculty positions and whether the participants reported that their main reason for assuming the adjunct clinical faculty positions was motivated by the satisfaction associated with teaching. However, when the data were separated by these background variables, the data did not support the tenability of the assumptions for executing a MANOVA, so differences between the groups were compared using a series of t-tests with an adjusted level of significance set at .01. The MANOVA is the statistical analysis of choice when researchers are comparing groups of participants on several dependent variables. This analysis controls for the probability of Type 1 error across all the comparisons. For example, if two groups of participants are compared on the six categories measured by Orientation Learning Needs Survey, the overall probability of a Type 1 error would be substantially greater (approximately .30) using an independent group t-test rather than a MANOVA (.05). However, use of the MANOVA rests on several assumptions. Although the data collected from this study satisfy several assumptions (the dependent variables were intervals/ratio data, the group of expert clinicians were independent of each other) of this analysis, the data did not meet several other assumptions required by the analysis. These included: a) the sample size did not have adequate power (n-=75 for complete data), b) the data were severely skewed, with outliers on one or more of the measures, c) there was no support for multivariate normality as documented by the Shapiro-Wilks test of normality, and d) there was evidence of multicolinearity. Based on these observations, comparisons were made between the groups of expert clinicians by using a t-test, but keeping alpha at .01 rather than the customary .05 standard.

Initially, the adjunct clinical faculty were separated into two groups based on their reported reason for assuming the adjunct clinical faculty role: satisfaction from teaching versus other reasons. These groups were identified as a direct result of the participants' demographic data. When these two groups were compared on the average total importance rating of each of the six categories evaluated by this survey, no significant differences between the groups were observed. In other words, whether the expert clinicians' primary reason for assuming this role was satisfaction from teaching or something else, the adjunct clinical faculty did not differ in their average importance ratings of these six categories (see Table R3.1). No further analyses regarding this demographic variable were executed.

Table R3.1

Average Importance Ratings for Adjunct Clinical Faculty Grouped By Reason for Assuming This Role

Category	Group	N completed	Mean	SD	t
Orientation of Clinical Component of Course					
	Satisfaction from teaching	55	4.32	.33	0.02
	Other	44	4.32	.38	
Orientation of Clinical Site					
	Satisfaction from teaching	53	4.38	.42	1.03
	Other	36	4.27	.63	
Orientation of Nursing Course(s)					
	Satisfaction from teaching	54	4.48	.44	1.10
	Other	36	4.36	.60	
Orientation of Nursing Faculty					
	Satisfaction from teaching	55	4.30	.52	1.73

Category	Group	N completed	Mean	SD	t
	Other	36	4.10	.60	
Orientation of Human Needs					
	Satisfaction from teaching	53	4.19	.52	0.31
	Other	36	4.15	.55	
Orientation to General Office					
	Satisfaction from teaching	56	4.10	.72	0.82
	Other	36	3.96	.91	

The second demographic variable that was used to evaluate the learning needs of the expert clinicians as they transition to the role of adjunct clinical faculty was whether or not the respondent reported having a formal orientation. Formal orientation was defined as an organized, planned, and structured session or meeting to provide information and begin socialization for new adjunct clinical faculty. This orientation varied from a few hours to days or weeks. Forty-four participants reported that they had a formal orientation and another 40 indicated that they did not have a formal orientation. When these groups were compared on the average importance score assigned to the six categories of orientation evaluated by this survey, the only difference between the groups emerged in the category of *Orientation of Nursing Course(s)* (Table R3.2). Adjunct clinical faculty who had a formal orientation rated the importance of the nursing course items, on average, significantly higher than those adjunct clinical faculty who did not have a formal orientation.

Table R3.2

Average Importance Ratings for Adjunct Clinical Faculty Grouped by Whether or Not They Received Formal Orientation

Category	Group	N completed	Mean	SD	t
Orientation of Clinical Component of Course					
	Formal orientation	42	4.38	.36	1.88
	No formal orientation	37	4.23	.36	
Orientation of Clinical Site					
	Formal orientation	41	4.43	.41	1.97
	No formal orientation	38	4.20	.60	
Orientation of Nursing Course(s)					
	Formal orientation	42	4.58	.42	2.80*
	No formal orientation	39	4.27	.57	
Orientation of Nursing Faculty					
	Formal orientation	43	4.33	.51	1.84
	No formal orientation	37	4.12	.57	
Orientation of Human Needs					
	Formal orientation	43	4.21	.51	0.77
	No formal orientation	37	4.12	.57	
Orientation to General Office					
	Formal orientation	44	4.16	.63	1.28
	No formal orientation	40	3.94	.94	

* $p = .006$

The nursing course items were further explored to identify which items within this category were rated significantly different in importance. The adjunct clinical faculty who had a formal orientation rated the importance of (1) textbooks and other material utilized in current course, (2) criteria or guidelines for grading students (theory), (3) criteria or guidelines for evaluating (theory), and (4) criteria for student evaluations of

nursing program, significantly higher than the importance assigned to those items by adjunct clinical faculty who did not have a formal orientation (Table R3.3).

Table R3.3

Importance Rating for Adjunct Clinical faculty Grouped by Formal Orientation

Item	Group	N completed	Mean	SD	t
Resources materials utilized in current course					
	Formal orientation	43	4.61	.54	2.54*
	No formal orientation	41	4.27	.71	
Criteria or guidelines for grading students (theory)					
	Formal orientation	43	4.56	.59	2.86**
	No formal orientation	41	4.07	.93	
Criteria or guidelines for evaluating (theory)					
	Formal orientation	44	4.45	.63	2.67**
	No formal orientation	41	4.00	.92	
Criteria for student evaluation of Nursing Program					
	Formal orientation	44	4.48	.63	2.54*
	No formal orientation	41	4.07	.82	

* $p = .01$; ** $p = .001$

In summary, overall the majority of participants identified that satisfaction from teaching was the primary reason why they assumed the new role as adjunct clinical faculty when compared to all other reasons combined, although no significance differences in their learning needs emerged. Adjunct clinical faculty who had a formal orientation and those who did not have a formal orientation were compared. The differences between those groups were in the category of *Orientation of Nursing Course(s).* Adjunct clinical faculty who had a formal orientation rated the importance of the nursing course items, on average, significantly higher than those adjunct clinical faculty who did not have a formal orientation. The nursing course items were further explored to identify which items within this category were rated significantly different in importance. The participants who had a formal orientation rated the importance of (1) textbooks and other material utilized in current course, (2) criteria or guidelines for grading students (theory), (3) criteria or guidelines for evaluating (theory), and (4) criteria for student evaluations of the nursing program significantly higher than the importance assigned to those items by participants who did not have a formal orientation. Overall the tool was found to be reliable and it identified topics that adjunct clinical faculty felt were necessary in an orientation. It also provided several key priorities to include in orientation that participants felt were important yet were omitted during their orientation or not sufficiently covered during orientation (Table R2.14).

Narrative Responses

At the end of each of the six categories of orientation, participants were asked the following, "Based on this section what additional information do you feel you needed." The qualitative, open-ended responses were summarized manually. A template analysis

approach was utilized (Creswell, 2008). Emerging patterns or themes were identified and a summation of these emergent themes was developed for these open-ended questions. The responses from each participants is presented in the appendices (see Appendix L).

There were four major themes that emerged from the open-ended questions: *Structured and detailed orientation*, *Resources*, *Evaluation of student's performance*, and *Access and use of technology*. Under each theme there were several noteworthy concepts.

The theme *Structured and detailed orientation* (n = 58) was found in all six categories of the tool. The noteworthy concepts that emerged were provide information with explanation, longer and ongoing orientation, and orientation to clinical site. Many participants expressed that they never received an orientation or the orientation was lacking the information they felt they needed. One participant stated, "A more informative standardized orientation would be better." Another participant stated, "the orientation I received was very limited." A third participant said, "Nothing was provided." Adjunct clinical faculty expressed that even when some of the information was provided they wanted more explanation of the information. For example, one clinical adjunct faculty reported, "Clinical orientation was extremely general. We got direction re: where to go to read information, but review of very little of the above information and expectations was done. It was just assumed that we would know what to do." In regards to orientation to the clinical site one participant replied,

> I believe that the issues with this piece so far is not that it may not be provided but since there are multiple clinical sites and I have not yet been assigned to a site. However would love to have sufficient time to learn all of these things at least a

few weeks prior to clinical to ensure that I am knowledgeable about the site policies and procedures to guide students.

Another participant discussed inconsistencies that can occur during orientation at the clinical site, "A formal in service class under the direction of the university to ensure all adjunct faculty are on the same page and things are done in a consistent manner." Participants expressed that orientation to the clinical unit were done by the nurse manager, for example, "At the college where I work, the adjunct faculty set up an orientation with the unit/facility manager, so the quality of orientation to the clinical site is dependent on the manager." Another participant wrote,

> The new instructor is very challenged to orient to both the educational portion of the college/school and the clinical site. This clinical site orientation program must be valued as just as important. This was a major fail on the part of my institution and I had to take matters into my own hands.

Participants wanted more information on equipment at the clinical site, what the typical routines of the units were, preferences on how to make patient assignments for students, and a point person to contact at the facility if questions arose. In regards to patient assignments some participant statements included, "An introduction to staff who were interested in serving as preceptors, vs. having to meet them and assign students to them on the morning of the clinical experience without knowing anything about any of the staff nurses"; "how the units preferred assignments be made was never identified"; and "there are a few (staff nurses) who make it very clear that they want nothing to do with the students."

The next major theme *Resource* (*n* = 31) was evident in five of the six categories in orientation. The two noteworthy concepts were point person/mentor and access to resources. One participant stated, "I would have really liked a mentor that had been a clinical instructor prior to bounce questions and ideas off," and another participant stated, "There needs to be clearly written information on all aspects of clinical as well as being assigned to one specific person to whom you can go for clarification of any situation." Participants expressed their frustrations with the inability to access resources. For example, participants stated, "Student and faculty manuals were hard to access online (security blocking)"; "I needed information where to find supplies and how the copy machine worked and what all the codes were"; and "It was difficult to obtain instructor copies of texts. Although I requested them they never arrived." Adjunct clinical faculty described the need for teaching resources. Some comments from participants included, "A paper with list of patient scenarios, more information regarding my role during simulation"; "Resource for teaching- questions to ask to simulate thinking"; "How simulation can assist the clinical experience"; and "practice scenarios to walk through."

The next theme, *Evaluation of student's performance* (*n* = 19), was evident in three of the six categories. Adjunct clinical faculty expressed the need for clearly defined expectations or rubrics for assignments, how to complete student's evaluation, and information regarding remediation and referral process. Some comments included, "Process on failing students in course work and what referral could be provided"; "I would like to see the required care plans and learn the expectations of the students in completing them"; "I would have liked to have more information on what was expected

from the students in regards to paperwork upfront with examples and such"; and "more guidance on evaluating students and process of remediation."

Access and use of technology (*n* = 18) was the next theme and was evident in four of the six categories. This was broken down into two concepts: systems used within the nursing program and systems used within the clinical site. Some examples of this theme in regards to systems used within the nursing program include, "A step-by-step guide with screen shots of how to navigate the different computer programs that are accessed. We use like 3 or 4"; "School's intranet program and grading system is critical and not reviewed"; and "the phone system is very complex and I could have used more orientation on that." Responses from participants regarding this theme included, "A longer Cerner orientation and policies related to the different facilities" and "Recommendations on how to teach charting within electronic medical record during limited time period, i.e., how much is reasonable to expect such as physical assessment/pain/vital signs/meds only?"

Adjunct clinical faculty expressed in their narrative responses what they felt they needed in an orientation. They expressed the need for a structured and detailed orientation, with adequate resources, technology, and specific information on how to evaluate students. These data further support the data obtained from the survey.

Summary

This chapter has presented the findings of this study. Data regarding the sample and the study instrument were identified. The three research questions were answered based on the findings upon statistical analysis of the data. Reliability of the survey instrument was established. The relationships between the orientation items and whether

those items were sufficiently provided in orientation or omitted were explored. The four themes which emerged from narrative responses were discussed.

CHAPTER 5

Introduction

Nursing programs throughout the country are faced with a shortage of nurse educators (Paul, 2015; Weidman, 2013). One approach (Cangelosi, Crocker, & Sorell, 2009; Culleiton & Shellenbarger, 2007; Dempsey, 2007; Duphily, 2011; Hewitt & Lewallen, 2010; McDonald, 2010; Paul, 2015; Roberts, Chrisman, & Flower, 2013; Schoening, 2013; Weidman, 2013) to addressing this problem in schools of nursing is to recruit nurses employed in hospital settings to serve in adjunct faculty positions. These adjunct clinical faculty, if supported, oriented properly, and mentored may be inclined to

take a more active role as an educator. They may pursue their doctorate and become full-time nursing faculty.

However, the transition from expert nurse clinician to adjunct clinical faculty is not always smooth or successfully accomplished. Although numerous studies have documented several compelling reasons to support expert nurse clinicians transitioning into academia (Anderson, 2009; Cangelosi, Crocker, & Sorrell, 2009; Cranford, 2013; Creech, 2008; Penn, Wilson, & Rosseter, 2008; Reid, Hinderer, Jarosinski, Mister, & Seldomridge, 2013; Suplee & Gardner, 2009), few studies have focused on the orientation provided to clinical nurse experts as they transition into adjunct clinical faculty roles. The purpose of this descriptive, non-experimental quantitative study was to examine the orientation learning needs of adjunct clinical faculty as they transition from expert clinicians to novice educators.

This chapter focuses on summary and discussion of the results, limitations of the study, implications for practice, and suggested research topics for the future.

Summary of the Results

Prior to analyzing the results based on the research questions, the reliability of the survey tool, The Needs Assessment Survey for Topic Inclusion in a Guide to Orientation (Orientation Learning Needs Survey), was established using Cronbach's Alpha. The internal consistency of the six categories of the survey is greater than the currently recommended minimum value of 0.70. The first five of the six categories explain at least 77% of the variability in the scores, leaving not more than 23% representing random, extraneous fluctuation on these categories. The *Orientation to General Office* score only accounts for 59% of the variability, so the amount of error is approximately 41%. The

results of this category are not surprising as it only had two items and lower reliability scores are often present when there are a small number of items within a category (Streiner & Norman, 2000 as cited in Watson, Oberle, & Deutscher, 2008). This was the first time that the reliability of the survey was measured and it was found to be a very reliable survey instrument that can be used in future research and practice.

This study also attempted to answer the three research questions:

1. What factors (variables) do adjunct clinical faculty identify as the most influential in their decision to transition from expert clinicians to novice nurse educators?
2. What learning needs do adjunct clinical faculty identify as they transition from expert clinicians to novice nurse educator?
3. Do participant demographics impact the learning needs of expert clinicians as they transition to the novice nurse educator role?

Research Question 1

Participants were asked to identify their primary reason for assuming the adjunct clinical faculty role. The results showed that almost two-thirds of the nurses (62.6%) checked that they assumed this role for the satisfaction from teaching and slightly less than one-fourth (22%) indicated that they assumed adjunct clinical faculty positions as a desire to change career paths. The remaining responses were evenly split between the academic schedule and the opportunity to earn additional salary. Overwhelmingly, adjuncts stated their primary reason for assuming the role of the adjunct clinical faculty was due to satisfaction from teaching, which was more than all the other reasons combined.

Research Question 2

Within the Orientation Learning Needs Survey there are six categories. The categories of *Orientation of Clinical Component of Course, Orientation of Clinical Site,* and *Orientation of Nursing Course(s,* were found to be valued more than the other three categories, *Orientation of Nursing Faculty, Orientation of Human Needs*, and *Orientation to General Office*. Adjunct clinical faculty consistently felt the items within *Orientation of Clinical Component of Course* to be the most important to their role. This finding was not surprising as the main focus of their adjunct clinical position is the clinical component of a nursing course.

The values assigned to the various items within each of the six categories provided a clearer picture of what clinical adjunct faculty felt was most important during their orientation to this new role. Within the *Orientation of Clinical Component of Course,* the overwhelming majority of adjunct clinical faculty considered most of the issues dealing with students' performance as *Very Important* (assigning an importance value of *5*) as compared to items that referred to faculty breaks, advisement/counseling, and simulation. However, for items addressing adjunct clinical faculty breaks, advisement/counseling, adjunct clinical faculty role in simulation, and orientation to clinical simulation resources and equipment, most of the adjunct clinical faculty deemed these items as *Important* (assigning an importance value of *4).* Participants were asked if the each of the items were addressed in orientation. The participants chose between three options: a) Yes, I received enough information, b) Yes, but I would have like to receive more information, and c) No, it was not provided. The response of the adjunct clinical faculty indicated that several items were not addressed at orientation. An example of an

item not addressed related to resources for students with special clinical needs (e.g., latex allergy or hearing impairment), which had a 65.1% reported omission. Yet, the same adjunct clinical faculty rated this item an average of 4.5 on a 5-point scale of *Importance*. Other items that had similar results were referral process for advisement/counseling, procedure to follow if student is under the influence, process for choosing patient assignment appropriate to student's level, and correlation of clinical experience with theory. These demonstrate learning needs that adjunct clinical faculty felt were *Very Important*, but were lacking in their orientation.

In the category of *Orientation of Clinical Site*, adjunct clinical faculty found the items *Important* with an average rating above *4*. The item with the highest average rating was assigned to familiarity with the facility's equipment (e.g., computer system, IV pumps, and lifts). The majority of participants (54%) rated this item as *Very Important*. Adjunct clinical faculty felt the majority of items regarding the clinical site were sufficiently covered at orientation, with the exception of a few areas. The one item that the majority of the adjunct clinical faculty deemed *Very Important* (by assigning a rating of *5*) was familiarity with facility's equipment (e.g., computer system, IV pumps, and lifts); yet, the majority of these adjunct clinical faculty reported that this information was not included in any orientation or insufficiently covered during orientation.

In the category of *Orientation of Nursing Course(s)*, the items including course syllabus and outline for current course(s) currently teaching, handouts and forms needed for current course(s), and textbooks and other materials utilized in current course received the highest average rating. These items were also reported to be sufficiently covered in orientation. The items that were considered *Very Important*, such as criteria

for students evaluation of the nursing program, was reported by the majority of the participants as being omitted from the orientation.

In *Orientation of Nursing Faculty*, knowing the admission guidelines to the nursing program was deemed neutral, *Neither Important/ Unimportant*. All other items were typically considered as *Important*. For example, computer access, nursing faculty undergraduate manual, and faculty development plan. When asked whether the information was sufficiently provided during orientation, items that adjunct clinical faculty deemed as *Neither Important/Unimportant* or *Important* were sufficiently discussed in orientation. Malpractice coverage by the institution for nursing students was rated as *Very Important*, but the majority of the adjunct clinical faculty responded that this information was omitted in their orientation.

In the category of *Orientation of Human Needs*, adjunct clinical faculty felt items regarding locations of the bathroom and lounges as *Neither Important/Unimportant.* They felt that items that discussed benefits, paychecks, malpractice information, important dates, and criteria and schedule of student evaluations of faculty as *Important*. The location of bathroom facilities and cafeteria/lounges was considered *Neither Important/Unimportant* and was reported to be covered sufficiently by the majority of adjunct clinical faculty during orientation. However, while some of the personal items (salary, important dates) that were rated as *Important* were considered sufficiently covered during orientation, other important personal items, such as malpractice coverage of nursing license provided by institution were not covered during orientation as indicated by the majority of responses in this category.

The two items in the final category, *Orientation to General Office*, were reported to be *Important* and were both adequately addressed in orientation. Information from this survey indicated items that adjunct clinical faculty felt were important to include in an orientation.

Many items adjunct clinical faculty felt were *Very Important* to include in an orientation were not discussed in orientation. Other items that were not rated as highly as others were found to be sufficiently covered in orientation. Schools of nursing can use this information to develop an orientation program or enhance a current orientation program that adequately covers items that adjunct clinical faculty felt were *Very Important* and *Important*. The results from this research question identified several key items that were very significant to adjunct clinical faculty as they transition into their new roles; however, there were also items rated as *Very Important* omitted during orientation or there was information provided during orientation, but it was insufficient (Table 6).

Table 6

Very Important Items Omitted from Orientation and Provided in Orientation but were Insufficient

Very Important Items Omitted	Very Important Items Insufficient
Resources for student with special clinical needs (i.e. latex allergy, hearing impairment)	Adjunct clinical faculty job description
Correlation of clinical experience with theory (concurrent)	Clinical handouts and forms needed (i.e. care plan format, physical assessment form, facility required forms)
Procedure to follow it student is under influence (drug, alcohol, etc.)	Criteria or guidelines for grading clinical paperwork
Process for choosing patient assignments appropriate to student's level	Criteria or guidelines for evaluation of students' clinical performance

Very Important Items Omitted	Very Important Items Insufficient
Procedure to follow if student is unable to perform appropriately*	Criteria or guidelines for grading students (theory)
Referral process for student advisement or counseling	
Familiar with facility's equipment (i.e. computer system, IV pump, lifts)*	
Criteria for student evaluation of Nursing Program	
Malpractice coverage by institution for nursing students	
Criteria of student evaluation of faculty	

* Denotes items that more than 50% of participants felt that it was omitted or insufficiently covered in orientation.

Research Question 3

Initially, the adjunct clinical faculty were separated into two groups based on their reported reason for assuming the adjunct clinical faculty role: satisfaction from teaching versus other reasons. These groups were identified as a direct result of the participants' demographic data. When these two groups were compared on the average total importance rating of each of the six categories, no significant differences between the groups were noted. In other words, whether the expert clinicians' primary reason for assuming this role was satisfaction from teaching or something else, the nurse educators did not differ in their average importance ratings in any of these six categories.

The second demographic variable that was used to evaluate differences in the learning needs of the expert clinicians as they transition to the role of adjunct clinical

faculty was whether or not the participants reported having a formal orientation. Forty-four adjunct clinical faculty reported that they had a formal orientation and another 40 indicated that they did not have a formal orientation. When these groups were compared on the average importance score assigned to the six categories of orientation evaluated by this survey, one difference between the groups emerged. In the category of *Orientation of Nursing Course(s),* adjunct clinical faculty who had a formal orientation rated the importance of the nursing course items significantly higher than those adjunct clinical faculty who did not have a formal orientation.

Lastly, the nursing course items were further explored to identify which items within this category were rated significantly different in importance. The adjunct clinical faculty who had a formal orientation rated the importance of (1) textbooks and other material utilized in current course, (2) criteria or guidelines for grading students (theory), (3) criteria or guidelines for evaluating (theory), and (4) criteria for student evaluations of nursing program significantly higher than the importance assigned to those items by adjunct clinical faculty who did not have a formal orientation.

Narrative Responses

Four major themes emerged from responses to the open-ended questions at the end of each category: *Structured and detailed orientation, Resources, Evaluation of student's performance,* and *Access and use of technology*. Under each theme there were several noteworthy concepts. The theme, *Structured and detailed orientation* (n = 58), was found in all six categories of the tool. The noteworthy concepts that emerged were provide information with explanation, longer and ongoing orientation, and orientation to clinical site. The next major theme, *Resource* (n = 31), was evident in five of the six

orientation categories. The two noteworthy concepts in this theme were a point person/mentor and access to resources. The next theme was *Evaluation of student's performance* (*n* = 19). Adjunct clinical faculty expressed the need for clearly defined expectations or rubrics for assignments, how to complete students' evaluations, and information regarding remediation and referral process. *Access and use of technology* (*n* = 18) was the final theme. This was broken down into two noteworthy concepts: systems used within the nursing program, such as the grading system, and the clinical site, such as the electronic medical record in use.

Adjunct clinical faculty in their narrative responses expressed what they felt they needed in their orientation: a structured and detailed orientation, adequate resources, technology, and specific information on how to evaluate students. These data further support the data obtained from the survey. The narrative responses support the findings from the survey data and help to support the use of the survey as a learning needs assessment tool for adjunct clinical faculty.

Discussion of the Results

The results of this study provide valuable insight into the learning needs of new adjunct clinical faculty. As previously noted, these faculty are often used to fill vacant nursing faculty positions and are critical to the success of nursing programs across the country. The Orientation Learning Needs Survey was found to be a highly reliable instrument. The reliability testing in this study was the first time that reliability was documented for this particular tool. Seal-Whitlock (2002), the creator of the survey, had established content validity. With reliability and validity now established, other researchers can use this survey in future research to increase nursing educators'

understanding of orientation learning needs of adjunct clinical faculty as well to determine the individual learning needs of adjunct clinical faculty.

Nursing educators, whether or not they are adjuncts or full-time professors, state that the main reason they are teaching nursing students is because they gain satisfaction from teaching. Based on current literature, nursing educators are not drawn to education for the competitive salaries. On average, nursing educators make significantly less than their clinical counterparts. Literature supports the notion that the primary reason why adjunct clinical faculty go into nursing education is because they gain satisfaction from teaching (Koharchik, 2014). Nishioka, Coe, Hanita, and Moscato (2014) also found similar results. The nurses in their study reported gaining satisfaction from seeing nursing students learn and develop through their clinical experience. These researchers also noted, "Teaching benefited their own skills by increasing their knowledge about best practice and prompting them to be more reflective about their own practice" (Nishioka et al., 2014, p. 300). These faculty also reported that the primary reason for assuming the educator role was for satisfaction from teaching. Only 8.8% of adjunct clinical faculty assumed the role due to an opportunity to earn additional salary, compared to 62.6% assuming the role due to satisfaction from teaching. Koharchik (2014) discussed similar reasons why clinical nurses wanted to become adjunct clinical faculty. These reasons included the rewards of teaching nursing students, ability to mentor nursing students, and seeing students increase their confidence and abilities while working with patients. According to Fang, Li, and Bednash (2013), adjunct clinical faculty state that they value the satisfaction from teaching more than the salary associated with the position despite lower salaries than in the clinical practice setting. Adjunct clinical faculty may feel pride

and joy in helping to shape the nurses of the future. Some may feel it is their way to give back to the profession. Nurses learn from teaching others and by sharing their knowledge, expertise, and clinical skills. This benefits the students as well as increasing the adjuncts' self-esteem and self-gratification.

Orientation is an important stepping-stone for an expert clinician moving into academia. By understanding the reported needs of adjunct clinical faculty, schools of nursing can develop an orientation program that will meet the unique needs of these faculty and positively impact retention of this critical resource. Additionally, a successful transition can positively influence the nursing faculty shortage by cultivating clinical nurses to pursue a full-time career in academia. To better understand the needs of adjunct clinical faculty, it is necessary to go to the source, the adjunct clinical faculty themselves. Many times, orientations are developed by seasoned full-time faculty who may have a different perspective of what expert clinicians need as they make the transition to the adjunct clinical faculty role. It is evident from the literature and this study that clinical adjunct faculty have identified many learning needs. The majority of participants in this study found all the items in the Orientation Learning Needs Survey to be either *Important* or *Very Important*. They felt that all of the items should be included in an orientation. Several other authors have discussed orientation programs and the content provided in those orientation programs (Baker, 2010; Bell-Scriber & Morton, 2009; Blauvelt & Spath, 2008; Forbes, Hickey, & White, 2010; McDonald, 2010). All of the items in the current study that were found to be *Important* or *Very Important* were also discussed in previous research; however, there were many other items that were covered in the Orientation Learning Needs Survey that had not been mentioned in previous literature.

These new items included resources for students with special clinical needs (e.g., latex allergy, hearing impairment), procedure to follow during clinical component if a student is under the influence (drugs, alcohol, etc.), when to refer students to clinical simulation, organizational structure of the nursing program, faculty development plan, malpractice coverage, benefits, and paycheck. This expanded breadth of information covered in the survey demonstrates the amount of information adjunct clinical faculty feel they need and should be considered when developing orientation programs for clinical adjunct faculty.

Adjunct clinical faculty who had a formal orientation rated the importance of (1) textbooks and other material utilized in current course, (2) criteria or guidelines for grading students (theory), (3) criteria or guidelines for evaluating (theory), and (4) criteria for student evaluations of nursing program significantly higher than the importance assigned to those items by adjunct clinical faculty who did not have a formal orientation. Grading and evaluating students was also discussed frequently in the narrative responses to open-ended questions. Adjunct clinical faculty discussed wanting rubrics for grading and evaluating students, as well as having a full-time faculty mentor help the new adjunct as they graded an assignment. Since adjunct clinical faculty are critical to the education of nursing students, they need guidance in evaluating students' written work and clinical performance. Adjunct clinical faculty need to provide constructive feedback so that the students can learn and grow from each clinical experience. Salamonson, Halcomb, Andrew, Peters, and Jackson (2010) found that part-time faculty gave higher grades than full-time faculty and that there could be a possibility of grade inflation. Grading and evaluation of students is critical to the success of the students and must be done fairly and constructively. Grading and evaluation are important to maintaining the quality of the

nursing program, as well adherence to the AACN requirements to ensure that students develop the competencies necessary for patient safety and quality of care. One recommendation to address this concern may include a full-time faculty member who mentors and critiques the first few assignments of the semester with the adjunct clinical faculty. The full-time faculty could also share what the schools of nursing's expectations for student's performances. Finally, a full-time faculty member could provide examples of what is an acceptable assignment and what is a poor assignment.

The amount of information adjunct clinical faculty need and want as demonstrated in the study reported here suggests that an orientation cannot be confined to one or two days. In order to cover the breadth of information, orientation should start prior to the school semester and be an ongoing process. The most important clinical information should be covered early, followed by continuous information over the full semester or academic year. Adjunct clinical faculty from this study expressed the need for a formal orientation as well as ongoing support and mentoring. This study demonstrated many orientation items that adjunct clinical faculty felt were important but were not sufficiently covered during their orientation. This notion of initial and ongoing orientation is supported by previous research. Roberts, Chrisman, and Flowers (2013) noted that despite the information that was provided during the two-day orientation, adjunct clinical faculty felt that it did not meet all of their orientation needs. Bell-Scriber and Morton (2009) discussed a semester-long Clinical Nurse Institute (CNI) that provided an orientation to the clinical faculty role. The CNI included a seven-hour introductory workshop, a three-credit master's-level course, and a semester of mentored clinical instruction. They were able to cover many topics and continue discussions

throughout the semester. As adjunct clinical faculty were learning about their new role they were also teaching in the clinical setting, which provided an opportunity for them to apply what they were learning and reflect on what they were experiencing.

Furthermore, adjunct clinical faculty in this study identified several items that were found to be either *Important* or *Very Important*, yet were not discussed or reviewed in an orientation. This demonstrates where schools of nursing can improve in their orientation. With more opportunity to provide the information, schools of nursing can provide all the necessary information for the novice adjunct clinical faculty. Also, it is important to review key topics with experienced adjunct clinical faculty, as they too may benefit from a refresher. To ensure that the information that was covered in orientation is being followed correctly, schools of nursing should consider pairing experienced adjunct clinical faculty with new adjunct clinical faculty to help foster professional relationships and provide an opportunity to share ideas, issues, learned experiences, and tips to handling clinical student situations.

Results from this study were very similar to previous studies (Seal-Whitlock, 2002; Davidson & Rouke, 2012) using the same survey tool, Orientation Learning Needs Survey. Items rated less important from this study were similar to the finding of Seal-Whitlock (2002), i.e., locations of the bathroom facilities and faculty lounges, further supporting the current findings and the need for an orientation. One interesting difference between current study and the study completed by Davidson and Rourke (2012) was that participants in the current study found admission guidelines to nursing programs to be neither important nor unimportant. However, in the study reported by Davidson and Rourke (2012), information concerning admission guidelines to the nursing

program was found to be unimportant. Students interested in nursing programs must meet higher requirements for admissions to improve their chances to succeed in a nursing program. Practicing expert nurses may understand the changing requirements but may not yet identify the implications for themselves as clinical adjunct faculty. Another difference was items that Seal-Whitlock (2002) found to have less than 50% of participants rating as *Important* or *Very Important* concerned mission statement, philosophy and goals of nursing program, benefit information, and faculty development plan. In the current study, however, more than 50% of participants stated that these items were either *Important* or *Very Important*. This may reflect the current economic status of the country in comparison to over 15 years ago, where adjunct clinical faculty now may be more conscious of their finances or more involved in the ideals of the nursing program.

In regards to ongoing orientation, continuous support and mentorship were important to the adjunct clinical faculty in this study. This concept was frequently mentioned in their narrative responses. Adjunct clinical faculty wanted a resource person/go to person/mentor. This mentor provides the ongoing support that adjunct clinical faculty want to be successful. New clinical adjunct faculty can become isolated in the clinical setting with students, especially when there are no identified faculty resources available. However, when mentorship is established it can be beneficial to the adjunct clinical faculty. Mentorship can help with job satisfaction, which can lead to retention of adjunct clinical faculty. With support, it is possible that these adjunct clinical faculty may decide to further their academic careers and take the necessary steps to becoming full-time nursing faculty. This can help improve the nursing faculty shortage

currently being experienced. It could also help improve clinical teaching effectiveness by providing the support and foundation to help new adjunct clinical faculty adjust to their role. A mentor should be committed to the successful transition of the new faculty member. Frequent communication between the mentor and new faculty is important to ensure clear understanding of expectations and responsibilities. The mentor helps socialize the new faculty to the nursing department, academic institution, and clinical agency.

Many times the faculty member who serves as a mentor is also referred to in the literature as the course coordinator, clinical course coordinator, or clinical coordinator. These resource individuals helped provide the link between clinical and classroom settings, guidance and support for all different types of clinical and student situations, and teaching and learning techniques (Bell-Scriber & Morton, 2009; Flood & Robinia, 2014; Pinchera, O'Keefe, O'Shea, & Lawler, 2014). In the qualitative research by Testut (2013) and Hummerlberg (2011), mentors were identified as a major influence in the transition of adjunct clinical faculty.

It is evident from this study and previous literature that a multipronged approach is necessary to assist adjunct clinical faculty transition into their new role. According to Santisteban and Egues (2014),

> One strategic way to nurture adjunct faculty may be for nursing programs to have a multipronged process that includes the following: (a) bursts of orientation information, (b) detailed and supportive discussion, (c) a thorough resource manual, and (d) steadfast mentoring that focuses on ongoing promotion of adjunct faculty members' career and personal development (p. 154).

Orientation must be a well-developed, structured, and ongoing process to better prepare adjunct clinical faculty for their new role. As described in Benner's work (1982), *From Novice to Expert Theory*, the novice adjunct clinical faculty has had no previous experience in academia and lacks the understanding of the role. Benner's theory states that novice nurses will learn best in a structured learning environment, such as a structured formal orientation program. Benner's theory provided a framework for the transition that occurs when expert clinicians move into the novice adjunct clinical faculty role, further supporting the results of this study. In addition, by utilizing the six assumptions of Knowles' *Adult Learning Theory* and information gained from this study, schools of nursing can create or enhance their orientation program to better meet the unique needs of adjunct clinical faculty. According to Knowles' theory, the assumptions of *self-concept* describes how adult learners are self-directed and the assumption of *learners' experience* describes how the expert clinicians come with life experiences, knowledge, and skills that they can apply to their new role. The expert clinicians want the information so that they may be successful in their role *(need to know)* and are *motivated* to learn the new expectations and responsibilities of the role. The participants in this study were assumed to be educated adults who were self-directed, had a large knowledge base and experience, were ready to learn (i.e., wanted an orientation), were motivated, and were centered in learning.

The need for adjunct clinical faculty is currently growing as the faculty shortage worsens. Schools of nursing need to sufficiently orient these faculty so that they have the tools they need to be effective educators. Today's nursing students are the future work force of nursing and must enter the practice competent to meeting the healthcare

demands. As Koharchick (2014) states, "Experienced nurses are strong assets in the clinical education of future nurses, and as long as there is a faculty shortage, part-time faculty will continue to fill an urgent need" (p. 67). A structured formal orientation and mentorship are key to the retention of new faculty.

Limitation of the Study

There are several limitations of the study. First, the exact number of adjunct clinical faculty nationally, including within each individual school of nursing, could not be determined. Most schools of nursing do not post contact information or a listing of adjunct clinical faculty on their websites. E-mail lists are usually not publically available. It is even more difficult to determine those adjunct clinical faculty with two years or less experience in academia.

Most school of nursing administrators who responded to the initial emails to identify if they had adjunct clinical faculty at their institutions and how many were unable to provide exact information. Many administrators provided a number that represented all their adjunct clinical faculty, not just those who had less than two years of experience. Many provided only ranges, e.g., 15-20 adjunct clinical faculty. Others stated they had adjunct clinical faculty that met the inclusion criteria; however, they did not provide an actual number. It also is unclear if the school administrators were only looking at the current semester when determining the list of adjuncts for their institution. Based on the inclusion criteria, they might have looked back at the previous two years to see if they had any novice adjunct clinical faculty. This retrospective look requires time on the part of the school administrators. This limitation presented difficulty in targeting

adjunct clinical faculty to participate in this study and made conducting a power analysis to determine sample size and calculate a response rate impossible.

Another limitation regarding obtaining access to the novice adjunct clinical faculty was whether the school administrators knew if the adjunct clinical faculty had two years or less experience in their institution or in academia in general. Adjunct clinical faculty may teach in several different institutions, but may be new to a particular school. The adjunct may have had more than two years of experience in academia in general; however, only have had one year experience at the current institution.

Another limitation was that in some surveys responses, the demographic information questions were left blank. This did not lend to more statistical analysis due to limited sample size within each of the various variables; therefore, some demographic information was combined to conduct statistical analysis. For example, the question regarding the primary reason for assuming this position, 57 responded satisfaction of teaching, 20 responded desire to change career path, 8 responded additional salary, 5 responded academic schedule, and 1 responded opportunity to earn an academic degree. Fifteen people left this item blank. Overwhelmingly, adjuncts who responded to this question stated that their primary reason for assuming the role of the adjunct clinical faculty was due to satisfaction from teaching, which was more than all the other reasons combined. For statistical purposes, the data were analyzed for two groups only, satisfaction from teaching and other reasons. Another limitation regarding the question about why adjunct clinical faculty assumed the role was the number of options provided on the survey. This contributed to the small sample size in each of the options. In the future, only satisfaction from teaching, desire to change career paths, additional salaries,

and other reasons could be the four options for that question. This would help provide larger numbers in each category allowing more statistical analyses.

Additionally the demographic question regarding the academic degrees obtained asked respondents to select all that applied. Since participants could select every option that applied to them it was not possible to do statistical analysis on this information. For future studies, it may be better to ask what is the highest academic degree obtained. Finally, there were a few administrators who indicated that their program was an RN-BSN program and not a traditional Baccalaureate of Science in Nursing (BSN). On the Commission on Collegiate Nursing Education (CCNE) website, the accredited baccalaureate programs included all traditional BSN and RN-BSN programs without differentiating between these. This means that the actual number of CCNE-accredited traditional BSN programs is less than the 638 as previously indicated. RN-BSN programs do not have the clinical course structure as do the traditional undergraduate BSN programs. Many of these programs are completely online and may have a preceptor-supervised clinical experience. This study focused solely on the traditional undergraduate BSN program.

Implications for Nursing Practice

This research supports adjunct clinical faculty's need for a structured and detailed orientation. Many of the items adjunct clinical faculty felt were important to include in an orientation were not provided to them when they transitioned from expert clinician to their new role. The narrative responses also support these findings. Schools of nursing should provide structured orientations, resources, and mentorship to their adjunct clinical faculty for them to be successful. Based on the findings from this study, there are several

items that were rated as *Very Important* but were either omitted in orientation or were not sufficiently covered in orientation (see Table 6, previously presented in this chapter).

In addition, administrators could utilize the current survey tool that now has an established reliability to gauge items needed to be added to current orientation programs or provide a foundation of information of what should be included in a new orientation program. Schools of nursing could use the survey tool to determine what the individual learning needs of their adjunct clinical faculty are. The tool could guide administrators as they develop or modify orientation programs to meet those needs. A focus should be on items that were rated as *Very Important*, but were omitted or insufficiently covered in orientation. The clinical adjunct faculty in this study clearly demonstrated their desire to teach and wanted the resources and information reviewed with them to be successful in their transition into their role. In order to retain adjunct clinical faculty, schools of nursing should orient these faculty to their new roles and provide ongoing support. Baker (2010) demonstrated that after implementing a formal structured orientation and mentorship program, her academic institution experienced a 91% retention rate of new faculty over three years. A structured orientation, not only helps with retention and job satisfaction, but could help ensure that the quality of the nursing program is maintained and that adjunct clinical faculty have the skills need to assist students meet competencies necessary for safe practice.

Professional nursing organizations that support adjunct clinical faculty could utilize the information from this study to develop, revise, or enhance their orientation programs and initiatives. For example the Connecticut League for Nursing offers an online Clinical Faculty Course. Additionally, organizations could consider developing

continuing educational seminars and programs to provide ongoing information for adjunct clinical faculty. The challenge for schools of nursing is who will provide the orientation and ongoing education, especially since some clinical adjunct faculty provide instruction at more than one institution. With a current faculty shortage, there are limited resources available to provide the necessary orientation and ongoing support for adjunct clinical faculty. Perhaps professional nursing organizations could assist schools of nursing in their quest to support expert clinicians in their transition to the adjunct clinical faculty role.

Suggestions for Future Research

Nursing research focusing on orientation of adjunct clinical faculty is scarce. The current research is the tip of the iceberg. This research study established reliability of an orientation tool that can be utilized in future nursing research to understand the learning needs of clinical adjunct faculty. With reliability of the tool established, this study should be replicated using a more targeted sample, i.e., comparing states, conducting a stratified sampling based on regions of the United States, comparing differences based on number of years of experience or comparing differences between adjunct clinical faculty and full-time faculty. If a stratified sample is used, the Commission on Collegiate Nursing Education (CCNE)-accredited baccalaureate programs could be divided into the four U.S. Regions according to the U.S Census Bureau, and a random sampling of the CCNE programs within each of the U.S. Regions could be conducted. This would help obtain a sample that more accurately represents the learning needs nationally and would involve a more manageable sample size. It would also afford the researcher the ability to determine a response rate and potentially generalize the data.

Another area that should be explored includes examining how adjunct clinical faculty orientation impacts clinical teaching effectiveness in areas such as difficult student situations and grading and evaluation. A study could explore how adjunct perceive difficult situations or ways adjunct clinical faculty handle different student situations (e.g. student unprepared for clinical, not performing at the level they should be, being inappropriate in clinical) based on information they received from orientation or mentors. Additionally, since evaluation and grading of student's performance was identified in this study as *Very Important* and frequently discussed in the narrative section, a future study can explore this phenomenon. It would be interesting to learn more about their experiences and comfort with grading. Finally, research on how orientation impacts recruitment and retention rates of adjunct clinical faculty would be useful to the practice. A potential research topic would be to look at job satisfaction related to orientation for adjunct clinical faculty. Retention of these critical resources is important for schools of nursing. Future research examining the relationship between orientation of adjunct clinical faculty and job satisfaction would be beneficial. This is especially important as the need for nursing faculty is well documented.

Conclusion

This study supports and adds to previous research regarding orientation learning needs of expert clinical nurses as they transition into their new roles as adjunct clinical faculty. The results demonstrate areas that need to be addressed in an orientation and the few items that can be omitted from an orientation or reserved for a later time. There were statistical differences between those who had a formal orientation and those who did not have a formal orientation, particularly in the four areas concerning resources materials

utilized in current course, criteria or guidelines for grading students (theory), criteria or guidelines for evaluating (theory), and criteria for student evaluation of nursing program. Study findings also support the adjunct clinical faculty need for a point-person or mentor, and access to resources to assist adjunct clinical faculty as they transition to this role. A structured formal orientation and mentorship is key to the retention of new faculty. Through orientation and support the hope is that the adjunct clinical faculty would continue to teach. This in turn will help alleviate the faculty vacancies, and perhaps help adjunct clinical faculty consider transitioning to full-time faculty. As the United States continues to face a nursing faculty shortage, by providing a structured orientation and supportive resources for adjunct clinical faculty, schools of nursing can improve retention of these faculty members, potentially fostering the future nursing faculty workforce. This can have a direct impact on the nursing shortage that the healthcare system is currently facing, since with more faculty schools of nursing would be able to produce more nursing graduates to enter into the workforce. By educating, mentoring, and supporting adjunct clinical faculty, nurse leaders can help ensure retention of these critical faculty and consistency in the education they provide to nursing students.

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APPENDIX A

CCNE Accredited BSN Programs

Alabama	**California (continued)**
Auburn University	California State University, Fullerton
Auburn University Montgomery	California State University, Long Beach
Jacksonville State University	California State University, Los Angeles
Samford University	California State University, Northridge
Spring Hill College	California State University, Sacramento
University of Alabama at Birmingham	California State University, San Bernardino
University of Alabama in Huntsville, The	California State University, San Marcos
University of Alabama, The	California State University, Stanislaus
University of Mobile	Concordia University Irvine
University of North Alabama	Dominican University of California
University of South Alabama	Fresno Pacific University
Arkansas	Holy Names University
Henderson State University	Loma Linda University
University of Arkansas	Mount St. Mary's College
University of Arkansas for Medical Sciences	National University
University of Central Arkansas	Pacific College
Arizona	Point Loma Nazarene University
Arizona State University	Samuel Merritt University
Grand Canyon University	San Diego State University
Northern Arizona University	San Francisco State University

University of Arizona, The	San Jose State University
University of Phoenix	Stanbridge College
California	Unitek College
American University of Health Sciences	University of California, Irvine
Azusa Pacific University	University of California, Los Angeles
Biola University	University of San Francisco
Brandman University	Vanguard University of Southern California
California Baptist University	West Coast University
California State University, Bakersfield	**Colorado**
California State University, Channel Islands	Adams State University
California State University, Chico	American Sentinel University
California State University, Dominguez Hills	Aspen University
California State University, East Bay	Colorado Christian University
California State University, Fresno	Colorado Mesa University

Colorado (continued)	**Florida (continued)**
Regis University	University of Florida
University of Colorado	University of Miami
University of Colorado at Colorado Springs	University of North Florida
University of Northern Colorado	University of South Florida
Connecticut	University of West Florida
Central Connecticut State University	**Georgia**
Fairfield University	Armstrong Atlantic State University
Quinnipiac University	Brenau University
Sacred Heart University	Clayton State University
Southern Connecticut State University	Columbus State University
University of Connecticut	Emory University
University of Saint Joseph	Georgia Regents University
Western Connecticut State University	Georgia Southern University
District of Columbia	Georgia State University
Catholic University of America, The	Kennesaw State University
George Washington University	Mercer University
Georgetown University	Shorter University
Howard University	South University
Trinity Washington University	University of West Georgia
Delaware	Valdosta State University
University of Delaware	**Hawaii**
Wilmington University	Chaminade University of Honolulu
Florida	Hawaii Pacific University

Barry University	University of Hawaii at Manoa
Florida Atlantic University	**Iowa**
Florida Gulf Coast University	Allen College
Florida International University	Briar Cliff University
Florida Southern College	Clarke University
Florida State University	Coe College
Herzing University, Orlando	Dordt College
Jacksonville University	Grand View University
Keiser University	Luther College
Northwest Florida State College	Mercy College of Health Sciences
Nova Southeastern University	Morningside College
Palm Beach Atlantic University	Mount Mercy University
Remington College	Northwestern College
Santa Fe College	St. Ambrose University
St. Petersburg College	University of Dubuque
University of Central Florida	University of Iowa, The

Iowa (continued)	**Indiana**
Upper Iowa University	Anderson University – IN
Idaho	Ball State University
Idaho State University	Goshen College
Lewis-Clark State College	Harrison College
Northwest Nazarene University	Huntington University
Illinois	Indiana University Kokomo
Aurora University	Indiana University South Bend
Benedictine University	Indiana University Southeast
Blessing-Rieman College of Nursing	Indiana University-Purdue University Indianapolis
Chamberlain College of Nursing	Indiana Wesleyan University
Eastern Illinois University	Marian University
Elmhurst College	Purdue University
Illinois State University	Saint Joseph's College
Illinois Wesleyan University	Saint Mary's College-Indiana
Kaplan University	University of Indianapolis
Lakeview College of Nursing	University of Saint Francis
Lewis University	University of Southern Indiana
Loyola University Chicago	Valparaiso University
MacMurray College	**Kansas**
McKendree University	Baker University
Methodist College	Benedictine College
Millikin University	Bethel College

North Park University	Fort Hays State University
Northern Illinois University	MidAmerica Nazarene University
Olivet Nazarene University	Newman University
Resurrection University	Pittsburg State University
Saint Anthony College of Nursing	Southwestern College
Saint Xavier University	Tabor College
Southern Illinois University Edwardsville	University of Kansas
Trinity Christian College	University of Saint Mary
Trinity College of Nursing and Health Sciences	Washburn University of Topeka
University of Illinois at Chicago	Wichita State University
University of St. Francis	**Kentucky**
Western Illinois University	Bellarmine University
	Berea College
	Eastern Kentucky University

Kentucky (continued)	**Massachusetts (continued)**
Kentucky Christian University	University of Massachusetts Dartmouth
Lindsey Wilson College	University of Massachusetts Lowell
Morehead State University	Westfield State University
Murray State University	Worcester State University
Spalding University	**Maryland**
Sullivan University	Coppin State University
Union College-Kentucky	Frostburg State University
University of Kentucky	Hood College
University of Louisville	Johns Hopkins University
Western Kentucky University	Salisbury University
Louisiana	Stevenson University
Louisiana College	Towson University
Louisiana State University Health Sciences Center	University of Maryland
McNeese State University	**Maine**
Nicholls State University	Husson University
Northwestern State University of Louisiana	Saint Joseph's College of Maine
Southeastern Louisiana University	University of Maine
Southern University and A & M College	University of Maine at Fort Kent
University of Louisiana at Lafayette, The	University of Southern Maine
University of Louisiana at Monroe, The	**Michigan**

Massachusetts	Baker College
American International College	Calvin College
Boston College	Davenport University
Curry College	Eastern Michigan University
Elms College	Finlandia University
Emmanuel College	Grand Valley State University
Fitchburg State University	Hope College
Framingham State University	Madonna University
Laboure College	Michigan State University
MCPHS University	Northern Michigan University
MGH Institute of Health Professions	Oakland University
Northeastern University	Robert B. Miller College, The
Salem State University	Rochester College
Simmons College	Saginaw Valley State University
University of Massachusetts Amherst	Siena Heights University
University of Massachusetts Boston	Spring Arbor University

Michigan (continued)	**Missouri (continued)**
University of Detroit Mercy	Graceland University
University of Michigan - Ann Arbor	Hannibal-LaGrange University
University of Michigan - Flint	Maryville University of St. Louis
Wayne State University	Missouri State University
Western Michigan University	Missouri Valley College
Minnesota	Missouri Western State University
Augsburg College	Research College of Nursing
Bemidji State University	Saint Louis University
Bethel University-Minnesota	Saint Luke's College of Health Sciences
Capella University	Southeast Missouri State University
College of Saint Benedict/ St John's University	Truman State University
College of St. Scholastica, The	University of Central Missouri
Concordia College-Moorhead	University of Missouri – Columbia
Crown College	University of Missouri - Kansas City
Globe University/Minnesota School of Business	University of Missouri - St. Louis
Gustavus Adolphus College	William Jewell College
Herzing University, Minneapolis	**Mississippi**
Metropolitan State University	Delta State University
Minnesota Intercollegiate Nursing Consortium	Mississippi College
Minnesota State University Mankato	Mississippi University for Women

Minnesota State University Moorhead	University of Mississippi Medical Center
Rasmussen College	University of Southern Mississippi, The
Saint Mary's University of Minnesota	William Carey University
St. Cloud State University	**Montana**
St. Olaf College	Carroll College-Montana
University of Minnesota	Montana State University
Walden University	Montana Tech of the University of Montana
Winona State University	University of Great Falls
Missouri	**North Carolina**
Avila University	Appalachian State University
Barnes-Jewish College	Barton College
Central Methodist University	Cabarrus College of Health Sciences
College of the Ozarks	Duke University
Cox College	East Carolina University

North Carolina (continued)	**New Jersey (continued)**
Fayetteville State University	College of New Jersey, The
Lees-McRae College	Fairleigh Dickinson University
Lenoir-Rhyne University	Felician College
Methodist University	Georgian Court University
Pfeiffer University	Monmouth University
Queens University of Charlotte	Richard Stockton College of New Jersey, The
University of Mount Olive	Rowan University
University of North Carolina at Chapel Hill	Rutgers, The State University of New Jersey
University of North Carolina at Charlotte, The	Rutgers, The State University of New Jersey-Camden
University of North Carolina at Greensboro	Rutgers, The State University of New Jersey-Newark
University of North Carolina at Pembroke	Saint Peter's University
University of North Carolina at Wilmington	Seton Hall University
Western Carolina University - Cullowhee	Thomas Edison State College
Winston-Salem State University	William Paterson University of New Jersey
North Dakota	**New Mexico**
North Dakota State University	New Mexico Highlands University
University of Mary	New Mexico State University
University of North Dakota	Northern New Mexico College
Nebraska	University of New Mexico
Creighton University	Western New Mexico University

Doane College	**Nevada**
Nebraska Methodist College	Nevada State College
Union College-Nebraska	Touro University Nevada
University of Nebraska Medical Center	University of Nevada, Las Vegas
New Hampshire	University of Nevada, Reno
Colby-Sawyer College	**New York**
Keene State College	Adelphi University
Plymouth State University	Alfred State College SUNY College of Technology
Saint Anselm College	American University of Beirut
Southern New Hampshire University	Binghamton University
University of New Hampshire	College at Brockport, The
New Jersey	College of Mount Saint Vincent
Bloomfield College	College of New Rochelle
Caldwell University	Columbia University

New York (continued)	**New York (continued)**
Concordia College New York	Utica College
Dominican College of Blauvelt	**Ohio**
D'Youville College	Ashland University
Hartwick College	Baldwin Wallace University
Helene Fuld College of Nursing	Bowling Green State University
Hunter College of the City University of New York	Capital University
Keuka College	Cedarville University
Le Moyne College	Cleveland State University
Lebanese American University	Defiance College
Lehman College-The City University of New York	Franklin University
Long Island University, Brooklyn Campus	Hiram College
Long Island University, C. W. Post Campus	Hondros College
Mercy College	Kent State University
Molloy College	Lourdes University
Mount Saint Mary College	Malone University
Nazareth College	Mercy College of Ohio
New York Institute of Technology	Miami University
New York University	Mount Carmel College of Nursing
Niagara University	Mount St. Joseph University
Nyack College	Mount Vernon Nazarene University
Pace University	Muskingum University
Plattsburgh State University of New York	Notre Dame College

Roberts Wesleyan College	Ohio Northern University
Sage Colleges, The	Ohio State University, The
St. Francis College	Ohio University
St. John Fisher College	Otterbein University
State University of New York Downstate Medical Center	University of Akron, The
State University of New York Empire State College	University of Cincinnati
State University of New York Institute of Technology at Utica-Rome	University of Toledo
State University of New York Upstate Medical University	Urbana University
Stony Brook University	Ursuline College
University at Buffalo, State University of New York	Walsh University
University of Rochester	Wright State University

Ohio (continued)	**Pennsylvania (continued)**
Xavier University	University of Pittsburgh
Oklahoma	University of Scranton
Oklahoma Baptist University	Villanova University
Oklahoma Christian University	Waynesburg University
Oklahoma Wesleyan University	West Chester University of Pennsylvania
Oral Roberts University	Widener University
Southern Nazarene University	Wilkes University
Oregon	York College of Pennsylvania
George Fox University	**Rhode Island**
Linfield College	Rhode Island College
Oregon Health & Science University	Salve Regina University
University of Portland	University of Rhode Island
Pennsylvania	**South Carolina**
Alvernia University	Anderson University – SC
Bloomsburg University of Pennsylvania	Clemson University
California University of Pennsylvania	Lander University
Carlow University	Medical University of South Carolina
Chatham University	Newberry College
Drexel University	South Carolina State University
Duquesne University	University of South Carolina
Eastern University	University of South Carolina Aiken
Edinboro University of Pennsylvania	University of South Carolina Beaufort
Gannon University	University of South Carolina Upstate
Holy Family University	**South Dakota**

Immaculata University	Augustana College
Indiana University of Pennsylvania	Dakota Wesleyan University
La Salle University	Mount Marty College
Marywood University	National American University
Messiah College	South Dakota State University
Misericordia University	University of Sioux Falls
Moravian College	University of South Dakota, The
Pennsylvania College of Health Sciences	**Tennessee**
Pennsylvania State University, The	Baptist Memorial College of Health Sciences
Robert Morris University	Belmont University
Saint Francis University	Bethel University-Tennessee
Temple University	Carson-Newman University
Thomas Jefferson University	Christian Brothers University
University of Pennsylvania	Cumberland University

Tennessee (continued)	**Texas (continued)**
East Tennessee State University	Texas Tech University Health Sciences Center
Freed-Hardeman University	Texas Tech University Health Sciences Center-El Paso
King University	Texas Woman's University
Martin Methodist College	University of Houston - Victoria
Middle Tennessee State University	University of Mary Hardin-Baylor
Milligan College	University of St. Thomas
Tennessee Technological University	University of Texas at Arlington
	University of Texas at Austin
Tennessee Wesleyan College	University of Texas at El Paso
Trevecca Nazarene University	University of Texas at Tyler
Union University	University of Texas Health Science Center at Houston, The
University of Memphis	University of Texas Health Science Center at San Antonio
University of Tennessee at Chattanooga	University of Texas Medical Branch at Galveston
University of Tennessee, Knoxville	University of Texas-Pan American
Texas	University of the Incarnate Word
Baylor University	West Texas A & M University
Concordia University Texas	**Utah**
East Texas Baptist University	Brigham Young University
Hardin-Simmons University	Everest College
McMurry University	Southern Utah University

Midwestern State University	University of Utah
Patty Hanks Shelton School of Nursing	Western Governors University
Prairie View A & M University	Westminster College
Sam Houston State University	**Virginia**
Schreiner University	Bluefield College
Southwestern Adventist University	Bon Secours Memorial College of Nursing
Tarleton University	Eastern Mennonite University
Texas A & M University Health Science Center	George Mason University
Texas A & M University-Commerce	Hampton University
Texas A & M University-Corpus Christi	James Madison University
Texas A & M University-Texarkana	Jefferson College of Health Sciences
Texas Christian University	Liberty University
Texas State University	Longwood University

Virginia (continued)	**Wisconsin (continued)**
Lynchburg College	University of Wisconsin - Eau Claire
Marymount University	University of Wisconsin - Green Bay
Old Dominion University	University of Wisconsin - Madison
Radford University	University of Wisconsin - Milwaukee
Sentara College of Health Sciences	University of Wisconsin Oshkosh
Shenandoah University	Viterbo University
Stratford University	Wisconsin Lutheran College
University of Virginia	**West Virginia**
University of Virginia's College at Wise, The	American Public University System
Vermont	Bluefield State College
Castleton State College	Fairmont State University
Norwich University	Shepherd University
University of Vermont, The	West Liberty University
Washington	West Virginia University
Gonzaga University	Wheeling Jesuit University
Northwest University	**Wyoming**
Olympic College	University of Wyoming
Pacific Lutheran University	
Saint Martin's University	
Seattle Pacific University	
Seattle University	
University of Washington	
Washington State University	
Wisconsin	

Alverno College	
Bellin College	
Cardinal Stritch University	
Carroll University	
Columbia College of Nursing	
Concordia University Wisconsin	
Edgewood College	
Herzing University, Kenosha & Brookfield	
Herzing University, Milwaukee	
Maranatha Baptist University	
Marian University of Fond du Lac	
Marquette University	
Milwaukee School of Engineering	
Silver Lake College of the Holy Family	

APPENDIX B

United States Census Bureau Regions

Region 1: Northeast	
Connecticut	New York
Maine	Pennsylvania
Massachusetts	Rhode Island
New Hampshire	Vermont
New Jersey	
Region 2: Midwest	
Indiana	Missouri
Illinois	Nebraska
Iowa	North Dakota
Kansas	Ohio
Michigan	South Dakota
Minnesota	Wisconsin
Region 3: South	
Alabama	Mississippi
Arkansas	North Carolina
Delaware	Oklahoma
District of Columbia	South Carolina
Florida	Tennessee
Georgia	Texas

Kentucky Louisiana Maryland	Virginia West Virginia
Region 4: West	
Alaska Arizona California Colorado Hawaii Idaho New Mexico	Montana Oregon Utah Nevada Washington Wyoming

APPENDIX C

Initial E-mail Sent to School of Nursing Administrators

Dear School of Nursing Administrator,

My name is Monica Sousa and I am a doctoral candidate at Western Connecticut State University. I am beginning my data collection for my dissertation titled *Orientation Learning Needs for Adjunct Clinical Faculty*. The purpose of this descriptive study is to identify orientation strategies that work and those that need improvement in helping expert nurse clinicians make a smooth transition into adjunct healthcare educational roles in BSN programs.

As the target population for this study is adjunct clinical faculty with two or less years of experience, I am inquiring if you have adjunct clinical instructors with two or fewer years of experience currently employed by your educational institution. Please reply directly to me if you do have this population of clinical instructors in your program and how many adjunct clinical faculty are at your institution. Upon your response, I will forward you a

subsequent e-mail within a few days with information on my study, how to access the online survey and informed consent to participate in my study and request that you to forward the invitation to participate in the study to clinical adjunct faculty with two years or less experience in your program.

Thank you very much for your assistance. I greatly appreciate your time in assisting with this important research.

Regards,

Monica Sousa ACNS-BC, APRN
Assistant Professor and Doctoral Candidate
Western Connecticut State University
Danbury, CT 06810

APPENDIX D

Second E-mail Sent to School of Nursing Administrators

Dear School of Nursing Administrator,

As indicated in my first inquiry about adjunct clinical faculty in your institution, please see the following information about my research study titled *Orientation Learning Needs for Adjunct Clinical Faculty*. Please forward this e-mail to adjunct clinical faculty with two years or less experience at your institution. Attached to the e-mail is the cover letter which contains information regarding the study, informed consent procedures, and link to the on-line survey for them to complete.

Thank you very much for your time. And again, I greatly appreciate your time in assisting with this important research.

Regards,

Monica Sousa ACNS-BC, APRN
Assistant Professor and Doctoral Candidate
Western Connecticut State University
Danbury, CT 06810

APPENDIX E

E-mail Sent to School of Nursing Administrators Who Did Not Respond to Initial E-mail

Dear School of Nursing Administrator,

My name is Monica Sousa and I am a doctoral candidate at Western Connecticut State University. I am beginning my data collection for my dissertation titled *Orientation Learning Needs for Adjunct Clinical Faculty*. The purpose of this descriptive study is to identify orientation strategies that work and those that need improvement in helping expert nurse clinicians make a smooth transition into adjunct healthcare educational roles in BSN programs.

As the target population for this study is adjunct clinical faculty with two or less years of experience, I am asking for your assistance. Please forward this invitation to participate in the study to adjunct clinical faculty with two years or less experience in your program. Attached to this e-mail is the cover letter which contains information regarding the study, informed consent procedures, and link to the on-line survey for them to complete.

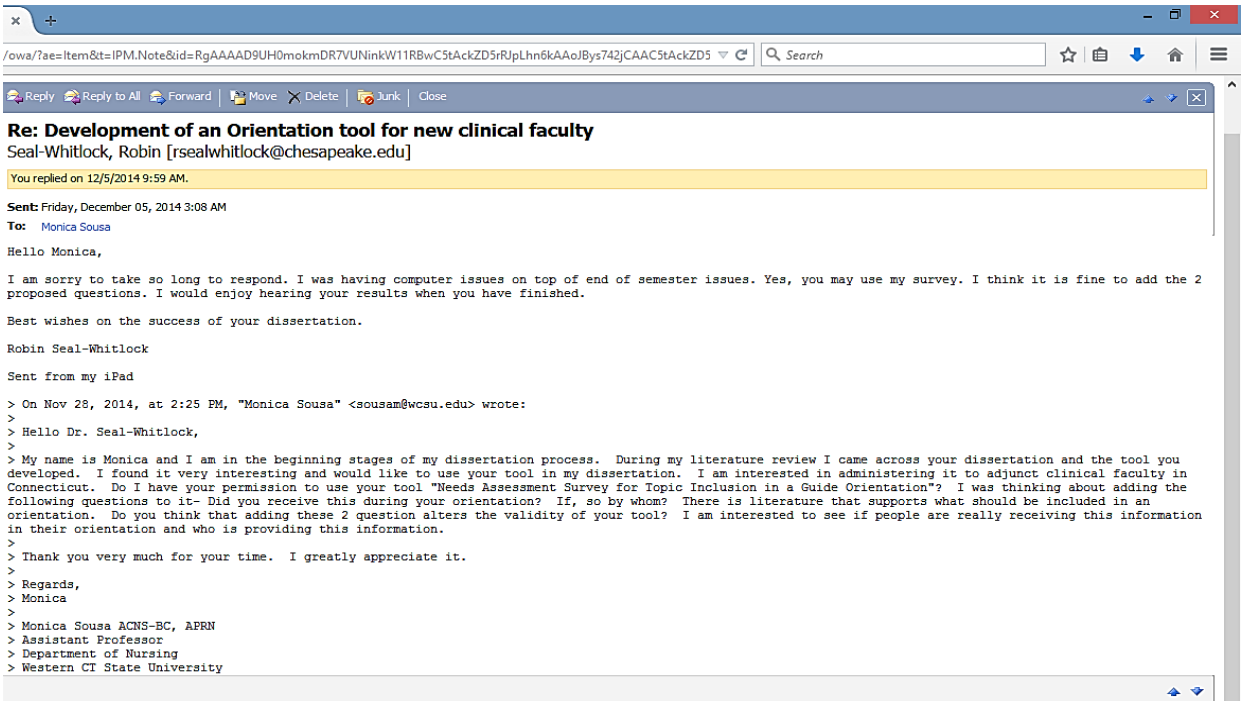
Thank you very much for your assistance. I greatly appreciate your time in assisting with this important research.

Regards,

Monica Sousa ACNS-BC, APRN
Assistant Professor and Doctoral Candidate
Western Connecticut State University
Danbury, CT 06810

APPENDIX F

Permission from Authors



Reply | Reply to All | Forward | Move | Delete | Junk | Close

Re: Development of an Orientation tool for new clinical faculty

Seal-Whitlock, Robin [rsealwhitlock@chesapeake.edu]

You replied on 12/5/2014 9:59 AM.

Sent: Friday, December 05, 2014 3:08 AM

To: Monica Sousa

Hello Monica,

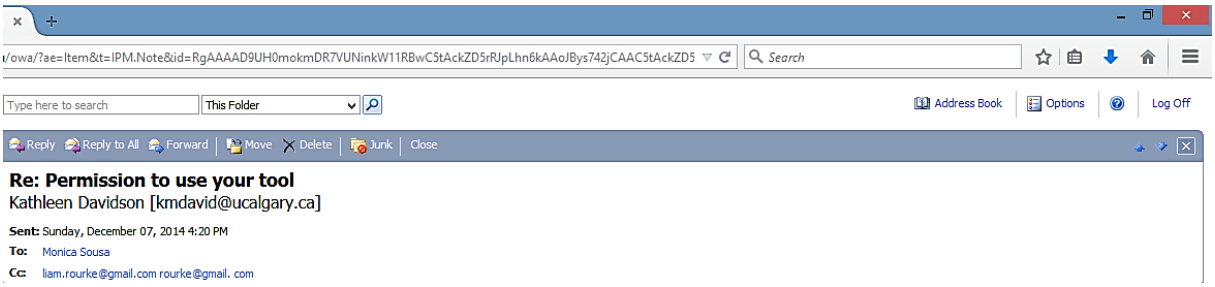
I am sorry to take so long to respond. I was having computer issues on top of end of semester issues. Yes, you may use my survey. I think it is fine to add the 2 proposed questions. I would enjoy hearing your results when you have finished.

Best wishes on the success of your dissertation.

Robin Seal-Whitlock

Sent from my iPad

> On Nov 28, 2014, at 2:25 PM, "Monica Sousa" <sousam@wcsu.edu> wrote:
>
> Hello Dr. Seal-Whitlock,
>
> My name is Monica and I am in the beginning stages of my dissertation process. During my literature review I came across your dissertation and the tool you developed. I found it very interesting and would like to use your tool in my dissertation. I am interested in administering it to adjunct clinical faculty in Connecticut. Do I have your permission to use your tool "Needs Assessment Survey for Topic Inclusion in a Guide Orientation"? I was thinking about adding the following questions to it- Did you receive this during your orientation? If, so by whom? There is literature that supports what should be included in an orientation. Do you think that adding these 2 question alters the validity of your tool? I am interested to see if people are really receiving this information in their orientation and who is providing this information.
>
> Thank you very much for your time. I greatly appreciate it.
>
> Regards,
> Monica
>
> Monica Sousa ACNS-BC, APRN
> Assistant Professor
> Department of Nursing
> Western CT State University



Type here to search | This Folder | Address Book | Options | Log Off

Reply | Reply to All | Forward | Move | Delete | Junk | Close

Re: Permission to use your tool

Kathleen Davidson [kmdavid@ucalgary.ca]

Sent: Sunday, December 07, 2014 4:20 PM

To: Monica Sousa

Cc: liam.rourke@gmail.com rourke@gmail. com

Hello Ms Sousa,
You may certainly use the Needs Assessment Survey tool with our modifications. I hope it works well in your context. Best of luck with your study.
Kathleen

Sent from my iPhone

> On Dec 4, 2014, at 6:24 PM, "Monica Sousa" <sousam@wcsu.edu> wrote:
>
>
> Hello Dr. Davidson,
>
> I would like to use your version of the tool you used in your study. Could I have your permission to use your version of the tool "Needs Assessment Survey for Topic Inclusion in a Guide Orientation"?
> Thank you for your time. I look forward to hearing from you soon.
>
> Have a wonderful day!
> Regards,
> Monica
>
> Monica Sousa ACNS-BC, APRN
> Assistant Professor
> Department of Nursing
> Western CT State University

APPENDIX G

The Needs Assessment Survey For Topics Inclusion In A Guide To Orientation (Orientation Learning Needs Survey)

<B>ORIENTATION OF CLINICAL COMPONENT OF COURSE:</B http://survey.wcsu.edu/net/TakeSurvey.aspx?EID=981B457MB865B...

Topics Inclusion in a Guide to Orientation v.1

ORIENTATION OF CLINICAL COMPONENT OF COURSE:

This Needs Assessment Survey has been designed to evaluate items to be included in a Guide for Orientation. Rate the degree of importance for inclusion by **marking** the appropriate response on the scale following each item. Also indicate if the item was provided during your orientation (formal or informal). At the end of each section, complete the short answer question.

This section describes items and information regarding the clinical portion of the course.

1. Adjunct Clinical Faculty job description
   - ○ Not Very Important
   - ○ Not Important
   - ○ Neither Important/Unimportant
   - ○ Important
   - ○ Very Important

2. Was the above item provided during your orientation?
   - ○ Yes, I received enough information
   - ○ Yes, but I would have liked to receive more information
   - ○ No, it was not provided in orientation

3. Clinical handouts and forms needed (e.g. care plan format, physical assessment form, facility required forms)
   - ○ Not Very Important
   - ○ Not Important
   - ○ Neither Important/Unimportant
   - ○ Important
   - ○ Very Important

4. Was the above item provided during your orientation?
   - ○ Yes, I received enough information
   - ○ Yes, but I would have liked to receive more information
   - ○ No, it was not provided in orientation

5. Criteria or guidelines for grading clinical paperwork
   - ○ Not Very Important
   - ○ Not Important
   - ○ Neither Important/Unimportant
   - ○ Important
   - ○ Very Important

6. Was the above item provided during your orientation?
   - ○ Yes, I received enough information
   - ○ Yes, but I would have liked to receive more information
   - ○ No, it was not provided in orientation

7. Criteria or guidelines for evaluation of students' clinical performance
   - ○ Not Very Important
   - ○ Not Important
   - ○ Neither Important/Unimportant
   - ○ Important
   - ○ Very Important

8. Was the above item provided during your orientation?
   - ○ Yes, I received enough information
   - ○ Yes, but I would have liked to receive more information
   - ○ No, it was not provided in orientation

9. Schedule for evaluating students' clinical performance (weekly, mid-term, final. etc.)
   - ○ Not Very Important
   - ○ Not Important
   - ○ Neither Important/Unimportant
   - ○ Important
   - ○ Very Important

10. Was the above item provided during your orientation?
   - ○ Yes, I received enough information
   - ○ Yes, but I would have liked to receive more information
   - ○ No, it was not provided in orientation

11. Grading method for clinical (i.e. pass/fail; satisfactory; letter grade)
   - ○ Not Very Important
   - ○ Not Important
   - ○ Neither Important/Unimportant
   - ○ Important
   - ○ Very Important

12. Was the above item provided during your orientation?
   - ○ Yes, I received enough information
   - ○ Yes, but I would have liked to receive more information
   - ○ No, it was not provided in orientation

13. Correlation of clinical experience with theory component (concurrent)
   - ○ Not Very Important
   - ○ Not Important
   - ○ Neither Important/Unimportant
   - ○ Important
   - ○ Very Important

14. Was the above item provided during your orientation?
   - ○ Yes, I received enough information
   - ○ Yes, but I would have liked to receive more information
   - ○ No, it was not provided in orientation

15. Resources for students with special clinical needs (i.e. latex allergy, hearing impairment)
   - ○ Not Very Important
   - ○ Not Important
   - ○ Neither Important/Unimportant
   - ○ Important
   - ○ Very Important

16. Was the above item provided during your orientation?
   - ○ Yes, I received enough information
   - ○ Yes, but I would have liked to receive more information
   - ○ No, it was not provided in orientation

17. Procedures to follow during clinical component if a student is under the influence (drug, alcohol, etc.)
   - ○ Not Very Important
   - ○ Not Important
   - ○ Neither Important/Unimportant
   - ○ Important
   - ○ Very Important

18. Was the above item provided during your orientation?

- Yes, I received enough information
- Yes, but I would have liked to receive more information
- No, it was not provided in orientation

19. Procedures to follow during clinical component if a student is unprepared for clinical experience
    - Not Very Important
    - Not Important
    - Neither Important/Unimportant
    - Important
    - Very Important

20. Was the above item provided during your orientation?
    - Yes, I received enough information
    - Yes, but I would have liked to receive more information
    - No, it was not provided in orientation

21. Procedures to follow during clinical component if a student is unable to perform appropriately
    - Not Very Important
    - Not Important
    - Neither Important/Unimportant
    - Important
    - Very Important

22. Was the above item provided during your orientation?
    - Yes, I received enough information
    - Yes, but I would have liked to receive more information
    - No, it was not provided in orientation

23. Procedures to follow during clinical component if a student commits safety or judgment error
    - Not Very Important
    - Not Important
    - Neither Important/Unimportant
    - Important
    - Very Important

24. Was the above item provided during your orientation?
    - Yes, I received enough information
    - Yes, but I would have liked to receive more information
    - No, it was not provided in orientation

25. Procedures to follow during clinical component if a student is injured from an incident (i.e. needle stick)
    - Not Very Important
    - Not Important
    - Neither Important/Unimportant
    - Important
    - Very Important

26. Was the above item provided during your orientation?
    - Yes, I received enough information
    - Yes, but I would have liked to receive more information
    - No, it was not provided in orientation

27. Procedures to follow during clinical component if a student is late, does not call or does not attend
    - Not Very Important
    - Not Important
    - Neither Important/Unimportant
    - Important
    - Very Important

28. Was the above item provided during your orientation?
- Yes, I received enough information
- Yes, but I would have liked to receive more information
- No, it was not provided in orientation

29. Process for choosing patient assignments appropriate to student level
- Not Very Important
- Not Important
- Neither Important/Unimportant
- Important
- Very Important

30. Was the above item provided during your orientation?
- Yes, I received enough information
- Yes, but I would have liked to receive more information
- No, it was not provided in orientation

31. Referral process for student advisement or counseling
- Not Very Important
- Not Important
- Neither Important/Unimportant
- Important
- Very Important

32. Was the above item provided during your orientation?
- Yes, I received enough information
- Yes, but I would have liked to receive more information
- No, it was not provided in orientation

33. Policy regarding clinical faculty absence on site for breaks or meals
- Not Very Important
- Not Important
- Neither Important/Unimportant
- Important
- Very Important

34. Was the above item provided during your orientation?
- Yes, I received enough information
- Yes, but I would have liked to receive more information
- No, it was not provided in orientation

35. Advisement of students' current level of competency skill performance
- Not Very Important
- Not Important
- Neither Important/Unimportant
- Important
- Very Important

36. Was the above item provided during your orientation?
- Yes, I received enough information
- Yes, but I would have liked to receive more information
- No, it was not provided in orientation

37. Process for referring students for clinical simulation (i.e. review/practice nursing skills, simulate situation student had difficulty with)
- Not Very Important
- Not Important

- Neither Important/Unimportant
- Important
- Very Important

38. Was the above item provided during your orientation?
    - Yes, I received enough information
    - Yes, but I would have liked to receive more information
    - No, it was not provided in orientation

39. Role of the clinical instructor in simulation
    - Not Very Important
    - Not Important
    - Neither Important/Unimportant
    - Important
    - Very Important

40. Was the above item provided during your orientation?
    - Yes, I received enough information
    - Yes, but I would have liked to receive more information
    - No, it was not provided in orientation

41. Orientation to clinical simulation resources and equipment (i.e. workstation, simulator, patient scenarios)
    - Not Very Important
    - Not Important
    - Neither Important/Unimportant
    - Important
    - Very Important

42. Was the above item provided during your orientation?
    - Yes, I received enough information
    - Yes, but I would have liked to receive more information
    - No, it was not provided in orientation

43. Based on this section what additional information do you feel you needed?

Next Cancel

Topics Inclusion in a Guide to Orientation v.1

ORIENTATION OF CLINICAL SITE:

This Needs Assessment Survey has been designed to evaluate items to be included in a Guide for Orientation. Rate the degree of importance for inclusion by **marking** the appropriate response on the scale following each item. Also indicate if the item was provided during your orientation (formal or informal). At the end of each section, complete the short answer question.

This section describes items and information regarding the clinical facility where clinical instruction will take place.

44. Tour of facility
- ○ Not Very Important
- ○ Not Important
- ○ Neither Important/Unimportant
- ○ Important
- ○ Very Important

45. Was the above item provided during your orientation?
- ○ Yes, I received enough information
- ○ Yes, but I would have liked to receive more information
- ○ No, it was not provided in orientation

46. Location of facility's policy and procedure (i.e. online, manuals)
- ○ Not Very Important
- ○ Not Important
- ○ Neither Important/Unimportant
- ○ Important
- ○ Very Important

47. Was the above item provided during your orientation?
- ○ Yes, I received enough information
- ○ Yes, but I would have liked to receive more information
- ○ No, it was not provided in orientation

48. Identification of facility's emergency code, fire plan, extinguishers, etc.
- ○ Not Very Important
- ○ Not Important
- ○ Neither Important/Unimportant
- ○ Important
- ○ Very Important

49. Was the above item provided during your orientation?
- ○ Yes, I received enough information
- ○ Yes, but I would have liked to receive more information
- ○ No, it was not provided in orientation

50. Information needed for access to facility for faculty and students
- ○ Not Very Important
- ○ Not Important
- ○ Neither Important/Unimportant
- ○ Important
- ○ Very Important

51. Was the above item provided during your orientation?
- ○ Yes, I received enough information
- ○ Yes, but I would have liked to receive more information
- ○ No, it was not provided in orientation

52. Familiar with facility's equipment (e.g. computer system, IV pumps, lifts)
- Not Very Important
- Not Important
- Neither Important/Unimportant
- Important
- Very Important

53. Was the above item provided during your orientation?
- Yes, I received enough information
- Yes, but I would have liked to receive more information
- No, it was not provided in orientation

54. Contact for in-service training of equipment
- Not Very Important
- Not Important
- Neither Important/Unimportant
- Important
- Very Important

55. Was the above item provided during your orientation?
- Yes, I received enough information
- Yes, but I would have liked to receive more information
- No, it was not provided in orientation

56. Established routine for time frame of clinical experience
- Not Very Important
- Not Important
- Neither Important/Unimportant
- Important
- Very Important

57. Was the above item provided during your orientation?
- Yes, I received enough information
- Yes, but I would have liked to receive more information
- No, it was not provided in orientation

58. Accessibility, ordering, and charging of supplies for use and/or waste by students
- Not Very Important
- Not Important
- Neither Important/Unimportant
- Important
- Very Important

59. Was the above item provided during your orientation?
- Yes, I received enough information
- Yes, but I would have liked to receive more information
- No, it was not provided in orientation

60. Identification of nursing care delivery system of the unit
- Not Very Important
- Not Important
- Neither Important/Unimportant
- Important
- Very Important

61. Was the above item provided during your orientation?

- Yes, I received enough information
- Yes, but I would have liked to receive more information
- No, it was not provided in orientation

62. Charting method (PIE, SOAP, etc.)
- Not Very Important
- Not Important
- Neither Important/Unimportant
- Important
- Very Important

63. Was the above item provided during your orientation?
- Yes, I received enough information
- Yes, but I would have liked to receive more information
- No, it was not provided in orientation

64. Identified mentors for students
- Not Very Important
- Not Important
- Neither Important/Unimportant
- Important
- Very Important

65. Was the above item provided during your orientation?
- Yes, I received enough information
- Yes, but I would have liked to receive more information
- No, it was not provided in orientation

66. Based on this section what additional information do you feel you needed?

Back Next Cancel

Topics Inclusion in a Guide to Orientation v.1

ORIENTATION OF NURSING COURSE(S):

This Needs Assessment Survey has been designed to evaluate items to be included in a Guide for Orientation. Rate the degree of importance for inclusion by **marking** the appropriate response on the scale following each item. Also indicate if the item was provided during your orientation (formal or informal). At the end of each section, complete the short answer question.

This section describes items and information regarding the nursing courses in general.

67. Description of nursing course(s)
- ○ Not Very Important
- ○ Not Important
- ○ Neither Important/Unimportant
- ○ Important
- ○ Very Important

68. Was the above item provided during your orientation?
- ○ Yes, I received enough information
- ○ Yes, but I would have liked to receive more information
- ○ No, it was not provided in orientation

69. Sequence of nursing course(s)
- ○ Not Very Important
- ○ Not Important
- ○ Neither Important/Unimportant
- ○ Important
- ○ Very Important

70. Was the above item provided during your orientation?
- ○ Yes, I received enough information
- ○ Yes, but I would have liked to receive more information
- ○ No, it was not provided in orientation

71. Course syllabus and outline for current course(s) currently teaching
- ○ Not Very Important
- ○ Not Important
- ○ Neither Important/Unimportant
- ○ Important
- ○ Very Important

72. Was the above item provided during your orientation?
- ○ Yes, I received enough information
- ○ Yes, but I would have liked to receive more information
- ○ No, it was not provided in orientation

73. Handouts and forms needed for current course(s)
- ○ Not Very Important
- ○ Not Important
- ○ Neither Important/Unimportant
- ○ Important
- ○ Very Important

74. Was the above item provided during your orientation?
- ○ Yes, I received enough information
- ○ Yes, but I would have liked to receive more information
- ○ No, it was not provided in orientation

75. Textbooks and other materials utilized in current course
- Not Very Important
- Not Important
- Neither Important/Unimportant
- Important
- Very Important

76. Was the above item provided during your orientation?
- Yes, I received enough information
- Yes, but I would have liked to receive more information
- No, it was not provided in orientation

77. Resource materials utilized in current course
- Not Very Important
- Not Important
- Neither Important/Unimportant
- Important
- Very Important

78. Was the above item provided during your orientation?
- Yes, I received enough information
- Yes, but I would have liked to receive more information
- No, it was not provided in orientation

79. Criteria or guidelines for grading students (Theory)
- Not Very Important
- Not Important
- Neither Important/Unimportant
- Important
- Very Important

80. Was the above item provided during your orientation?
- Yes, I received enough information
- Yes, but I would have liked to receive more information
- No, it was not provided in orientation

81. Criteria or guidelines for evaluating (Theory)
- Not Very Important
- Not Important
- Neither Important/Unimportant
- Important
- Very Important

82. Was the above item provided during your orientation?
- Yes, I received enough information
- Yes, but I would have liked to receive more information
- No, it was not provided in orientation

83. Criteria for student evaluation of Nursing Program
- Not Very Important
- Not Important
- Neither Important/Unimportant
- Important
- Very Important

84. Was the above item provided during your orientation?

- Yes, I received enough information
- Yes, but I would have liked to receive more information
- No, it was not provided in orientation

85. Based on this section what additional information do you feel you needed?

Back Next Cancel

Topics Inclusion in a Guide to Orientation v.1

ORIENTATION OF NURSING FACULTY:

This Needs Assessment Survey has been designed to evaluate items to be included in a Guide for Orientation. Rate the degree of importance for inclusion by **marking** the appropriate response on the scale following each item. Also indicate if the item was provided during your orientation (formal or informal). At the end of each section, complete the short answer question.

This section describes items and information regarding the school of nursing in which you are employed.

86. Computer access (emails, internet Blackboard, Intranet, School of Nursing website)
- ○ Not Very Important
- ○ Not Important
- ○ Neither Important/Unimportant
- ○ Important
- ○ Very Important

87. Was the above item provided during your orientation?
- ○ Yes, I received enough information
- ○ Yes, but I would have liked to receive more information
- ○ No, it was not provided in orientation

88. Nursing Faculty Undergraduate Manual
- ○ Not Very Important
- ○ Not Important
- ○ Neither Important/Unimportant
- ○ Important
- ○ Very Important

89. Was the above item provided during your orientation?
- ○ Yes, I received enough information
- ○ Yes, but I would have liked to receive more information
- ○ No, it was not provided in orientation

90. Nursing Student Handbook
- ○ Not Very Important
- ○ Not Important
- ○ Neither Important/Unimportant
- ○ Important
- ○ Very Important

91. Was the above item provided during your orientation?
- ○ Yes, I received enough information
- ○ Yes, but I would have liked to receive more information
- ○ No, it was not provided in orientation

92. Organizational Structure of Nursing Program
- ○ Not Very Important
- ○ Not Important
- ○ Neither Important/Unimportant
- ○ Important
- ○ Very Important

93. Was the above item provided during your orientation?
- ○ Yes, I received enough information
- ○ Yes, but I would have liked to receive more information
- ○ No, it was not provided in orientation

94. Mission statement, philosophy and goals of Nursing Program
- Not Very Important
- Not Important
- Neither Important/Unimportant
- Important
- Very Important

95. Was the above item provided during your orientation?
- Yes, I received enough information
- Yes, but I would have liked to receive more information
- No, it was not provided in orientation

96. Admission Guidelines to Nursing Program
- Not Very Important
- Not Important
- Neither Important/Unimportant
- Important
- Very Important

97. Was the above item provided during your orientation?
- Yes, I received enough information
- Yes, but I would have liked to receive more information
- No, it was not provided in orientation

98. Faculty development plan
- Not Very Important
- Not Important
- Neither Important/Unimportant
- Important
- Very Important

99. Was the above item provided during your orientation?
- Yes, I received enough information
- Yes, but I would have liked to receive more information
- No, it was not provided in orientation

100. Malpractice coverage by Institution for nursing students
- Not Very Important
- Not Important
- Neither Important/Unimportant
- Important
- Very Important

101. Was the above item provided during your orientation?
- Yes, I received enough information
- Yes, but I would have liked to receive more information
- No, it was not provided in orientation

102. Introduction to faculty members
- Not Very Important
- Not Important
- Neither Important/Unimportant
- Important
- Very Important

103. Was the above item provided during your orientation?

- Yes, I received enough information
- Yes, but I would have liked to receive more information
- No, it was not provided in orientation

104. Introduction to Chair, Dean, Associate/Assistant Deans, University Administrators
- Not Very Important
- Not Important
- Neither Important/Unimportant
- Important
- Very Important

105. Was the above item provided during your orientation?
- Yes, I received enough information
- Yes, but I would have liked to receive more information
- No, it was not provided in orientation

106. Based on this section what additional information do you feel you needed?

Back Next Cancel

Topics Inclusion in a Guide to Orientation v.1

ORIENTATION OF HUMAN NEEDS:

This Needs Assessment Survey has been designed to evaluate items to be included in a Guide for Orientation. Rate the degree of importance for inclusion by **marking** the appropriate response on the scale following each item. Also indicate if the item was provided during your orientation (formal or informal). At the end of each section, complete the short answer question.

This section describes items and information regarding the school of nursing office.

107. Benefits information (including pay scale)
- ○ Not Very Important
- ○ Not Important
- ○ Neither Important/Unimportant
- ○ Important
- ○ Very Important

108. Was the above item provided during your orientation?
- ○ Yes, I received enough information
- ○ Yes, but I would have liked to receive more information
- ○ No, it was not provided in orientation

109. Method and frequency of payment or reimbursement (direct deposit, expenses, etc.)
- ○ Not Very Important
- ○ Not Important
- ○ Neither Important/Unimportant
- ○ Important
- ○ Very Important

110. Was the above item provided during your orientation?
- ○ Yes, I received enough information
- ○ Yes, but I would have liked to receive more information
- ○ No, it was not provided in orientation

111. Schedule of important dates (i.e. pay day, holidays, breaks, faculty meetings)
- ○ Not Very Important
- ○ Not Important
- ○ Neither Important/Unimportant
- ○ Important
- ○ Very Important

112. Was the above item provided during your orientation?
- ○ Yes, I received enough information
- ○ Yes, but I would have liked to receive more information
- ○ No, it was not provided in orientation

113. Malpractice coverage of nursing license provided by Institution
- ○ Not Very Important
- ○ Not Important
- ○ Neither Important/Unimportant
- ○ Important
- ○ Very Important

114. Was the above item provided during your orientation?
- ○ Yes, I received enough information
- ○ Yes, but I would have liked to receive more information
- ○ No, it was not provided in orientation

115. Shown location of office, desk, or work area and provided with necessary keys or codes
- Not Very Important
- Not Important
- Neither Important/Unimportant
- Important
- Very Important

116. Was the above item provided during your orientation?
- Yes, I received enough information
- Yes, but I would have liked to receive more information
- No, it was not provided in orientation

117. Location of faculty bathroom facilities
- Not Very Important
- Not Important
- Neither Important/Unimportant
- Important
- Very Important

118. Was the above item provided during your orientation?
- Yes, I received enough information
- Yes, but I would have liked to receive more information
- No, it was not provided in orientation

119. Location of faculty cafeteria/lounges
- Not Very Important
- Not Important
- Neither Important/Unimportant
- Important
- Very Important

120. Was the above item provided during your orientation?
- Yes, I received enough information
- Yes, but I would have liked to receive more information
- No, it was not provided in orientation

121. Criteria of student evaluation of faculty (including clinical component)
- Not Very Important
- Not Important
- Neither Important/Unimportant
- Important
- Very Important

122. Was the above item provided during your orientation?
- Yes, I received enough information
- Yes, but I would have liked to receive more information
- No, it was not provided in orientation

123. Schedule of student evaluation of faculty (including clinical component)
- Not Very Important
- Not Important
- Neither Important/Unimportant
- Important
- Very Important

124. Was the above item provided during your orientation?

- Yes, I received enough information
- Yes, but I would have liked to receive more information
- No, it was not provided in orientation

125. List of important and emergency phone numbers (including pagers and cell-phones, emergency response system)

- Not Very Important
- Not Important
- Neither Important/Unimportant
- Important
- Very Important

126. Was the above item provided during your orientation?

- Yes, I received enough information
- Yes, but I would have liked to receive more information
- No, it was not provided in orientation

127. Based on this section what additional information do you feel you needed?

Back Next Cancel

Topics Inclusion in a Guide to Orientation v.1

ORIENTATION TO GENERAL OFFICE:

This Needs Assessment Survey has been designed to evaluate items to be included in a Guide for Orientation. Rate the degree of importance for inclusion by **marking** the appropriate response on the scale following each item. Also indicate if the item was provided during your orientation (formal or informal). At the end of each section, complete the short answer question.

This section describes items and information regarding the school of nursing office.

128. Introduction to office staff
- ○ Not Very Important
- ○ Not Important
- ○ Neither Important/Unimportant
- ○ Important
- ○ Very Important

129. Was the above item provided during your orientation?
- ○ Yes, I received enough information
- ○ Yes, but I would have liked to receive more information
- ○ No, it was not provided in orientation

130. Location and access of copy machine, fax, computers, printers, office supplies
- ○ Not Very Important
- ○ Not Important
- ○ Neither Important/Unimportant
- ○ Important
- ○ Very Important

131. Was the above item provided during your orientation?
- ○ Yes, I received enough information
- ○ Yes, but I would have liked to receive more information
- ○ No, it was not provided in orientation

132. Based on this section what additional information do you feel you needed?

Back Next Cancel

Topics Inclusion in a Guide to Orientation v.1

DEMOGRAPHIC INFORMATION

133. As of 12/31/14, how old are you?

134. Gender:
- Female
- Male

135. In what state do you currently provide clinical instruction?

136. As of 12/31/14, how many years have you been a Registered Nurse:

137. As of 12/31/14, how many years have you been an Adjunct Clinical Faculty member in your current institution:

138. What is the name of the university where you currently teach clinical?

139. Including this semester, how many courses have you taught in the clinical area in the first 2 years as adjunct clinical faculty?
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10+

140. All degress obtained (Select all that apply):
- BSN
- MSN (clinical area)
- MSN (nursing administration)
- MSN (nursing education)
- M.Ed

- ☐ MS (other than nursing)
- ☐ DNP
- ☐ Ed.D
- ☐ Ph.D (Nursing)
- ☐ Ph.D (Other)

141. Your area(s) of clinical specialty(Select all that apply):
- ☐ Med-Surgical
- ☐ Intensive Care Unit
- ☐ Pediatrics
- ☐ Maternity
- ☐ Community
- ☐ Operating Room
- ☐ Emergency Department
- ☐ Gerontology
- ☐ Mental Health
- ☐ Other, please specify

142. Have you taught clinical in any area(s) besides your specialty?
- ○ No
- ○ Yes

143. If you have taught clinical in an area besides your specialty, please list the area(s) (Select all that apply):
- ☐ Not Applicable
- ☐ Med-surgical
- ☐ Intensive Care Unit
- ☐ Pediatrcs
- ☐ Maternity
- ☐ Community
- ☐ Operating Room
- ☐ Emergency Department
- ☐ Gerontology
- ☐ Mental Health
- ☐ Other, please specify

144. Did you receive a formal orientation to your role as an adjunct clinical faculty? **(Definition of Formal Orientation:** *An organized, planned, and structured session or meeting to provide information and begin socialization for new adjunct clinical faculty. This orientation varies from a few hours to days or weeks)*
- ○ No
- ○ Yes

145. While there are numerous reasons why you assumed the adjunct clinical faculty position, of the following what is the primary reason for assuming this position?
- ○ Academic schedule
- ○ Satisfaction from teaching
- ○ Opportunity to earn an academic degree
- ○ Desire to change career path
- ○ Additional salary

146. Thank you so much for completing this survey. Your input is extremely valuable. If you would like to be entered in a drawing for 1 of 2 $50 Amazon Gift Cards, please enter your email below.

Back Done Cancel

APPENDIX H

Cover Letter

February 16, 2015

Dear Adjunct Nurse Educator,

You are invited to participate in a research study, entitled Orientation Learning Needs of Adjunct Clinical Faculty. My name is Monica Sousa, ACNS-BC, APRN and I am a doctoral student at Western Connecticut State University, Danbury, CT. Currently, nursing education is facing critical issues and concerns that impact the nursing profession including a shortage of nursing faculty requiring the use of more adjunct faculty. The purpose of this descriptive study is to identify the orientation learning needs of new adjunct clinical faculty in order to help expert nurse clinicians make a smooth transition into adjunct clinical faculty in BSN programs.

The survey is designed to obtain your perspectives on orientation learning needs, what was provided during your orientation as you transitioned from clinician to adjunct clinical faculty and what is important to include in an orientation. Your participation is important, because survey results could add to the body of knowledge regarding orientation of novice clinical adjunct faculty as they make the transition from expert clinicians to novice educator and help facilitate a smoother transition. The approximate time to complete the survey is no more than 20-30 minutes.

This research presents the same amount of risk an individual would encounter when participating in any type of general survey. Each participant is assured confidentiality. No personally identifiable information is requested on the survey forms. The information gathered will be used for professional purposes only. Both the survey and the data will be stored on a secure server that is password protected. This is done to ensure security of the data, anonymity and confidentiality. No one except the researcher will have access to this information. Completion of this survey indicates your consent to participate in this study.

This study was not designed to benefit you directly; however, there is the possibility that you may learn about the anticipated role of adjunct clinical faculty through your participation. In addition, what is learned from this study may help institutions better understand the orientation needs of clinical adjunct faculty. In addition, upon completion of the survey, you will be eligible to enter into a drawing for a chance to win one of two $50 Amazon gift cards.

Any questions that you have about the purpose and procedures of this study may be directed to myself at sousam@wcsu.edu. In addition, this study has been approved by the Institutional Review Board at Western Connecticut State University. If at any time you have comments or concerns regarding the process of the research or about your rights as a research subject, please contact the WCSU IRB Chair at irb@wcsu.edu and mention Protocol # 1415-101.

Your participation is completely voluntary. If you agree to take this survey, but later change your mind, you may end the survey at any time. There are no penalties or consequences of any kind if you decide that you do not want to participate.

Your participation in the survey is greatly appreciated. Please click on the link to access the survey,
http://survey.wcsu.edu/net/TakeSurvey.aspx?EID=981B457MB865BH2mBM5oB14LB2KM.

Thank you in advance for your participation

Monica Sousa ACNS-BC, APRN

Monica Sousa ACNS-BC, APRN
Assistant Professor and Doctoral Candidate
Western Connecticut State University
181 White Street
Danbury, CT 06810

APPENDIX I

Institution Review Board Application

ENTIRE PROPOSAL (INCLUD. SIGNATURES & ALL APPENDICES) SHOULD BE SUBMITTED AS 1 .DOC FILE ATTACHMENT

Proposal # _____

Human Subjects Research Application Coversheet

Western Connecticut State University Institutional Review Board

PRINCIPAL INVESTIGATOR: Monica Sousa ACNS-BC, APRN
If the PI is a student, FACULTY SUPERVISOR: Ellen Abate/ Cheryl Resha
DEPARTMENT: Nursing EMAIL/S: Sousam@wcsu.edu
PROJECT TITLE: Orientation Learning Needs of Adjunct Clinical Faculty

Check any of the following that apply to this proposal:

_____ A. Proposal is an undergraduate student research project.

___X_ B. Proposal is a graduate student research project.

_____ C. Proposal is WCSU faculty-developed research.

_____ D. Proposal is externally-developed research. **indicate WCSU "sponsor"*

Is the research funded/developed with an external grant?

YES X NO

If yes, indicate Funding Agency:

I. Purpose of IRB Review

The role of the WCSU Institutional Review Board (IRB) is to review all proposed research at WCSU or by WCSU faculty, staff or students to ensure that the research meets Federal standards for the safety and protection of any human subjects involved in the research. The WCSU IRB operates in compliance with the U.S. Code of Federal Regulations, Department of Health and Human Services (DHHS) Title 45 Part 46. WCSU's IRB has registered approval (Federalwide Assurance/FWA) from the Office of Human Research Protections (OHRP). To help the IRB fulfill its role, WCSU requires all researchers to submit their protocol for review and approval. Please refer to the **Research Application Guide available at** www.wcsu.edu/irb for complete instructions. The WCSU IRB is unlikely to reject an application without first discussing its concerns about the research with the investigator. However, applications may be deferred for review at another meeting if substantial issues are present. **Researchers are encouraged to attend the IRB meeting of their review - in order to address any concerns directly.** Failure to submit complete materials by the published deadlines will delay review processes.

II. Application for IRB Review Checklist

Before submitting your research application for review by the IRB, you must ensure: Everyone involved has completed the Human Subjects Collaborative Institutional Training Initiative (CITI) program, accessible on our website http://www.wcsu.edu/irb/ or its equivalent.

IS THIS A NEW RESEARCH PROJECT?

YES

If yes, are you applying for?
_____ Exempt Review
___X__ Expedited Review
_____ Full Review

NO

Protocol # of previously approved application _____
Are there any modifications to the previously approved research?

YES NO

COMMITTEE ACTION

__ Approved through _____ review

__ Not approved; clarification/modification required

IRB Chair's Approval: Date:

Western Connecticut State University

Institutional Review Board
Office of Sponsored Research & Admin Servies
320 White Hall, 181 White St.
Danbury, CT 06810
Secretarial contact: 203-837-8740
irb@wcsu.edu Web: www.wcsu.edu/irb

IRB Application for EXPEDITED or FULL Review

Application for Review of Research Involving Human Subjects

All forms must be typed & completed, signed by all investigators & sponsors, and submitted via Email attachment along with the HUM-1 form.

1. PRIMARY INVESTIGATOR The proposal must involve a nonvisiting member of WCSU faculty or staff who will serve as "project supervisor" at WCSU. Include all persons who will be 1) directly responsible for the project's design or implementation, 2) recruitment, 3) obtain informed consent, 4) involved in data collection, data analysis, or follow-up. Make sure you have indicated this person on the cover page above.

2. PROJECT TITLE:

Orientation Learning Needs of Adjunct Clinical Faculty

3. FUNDING: Indicate whether/what this research is funded by, or application has been made for, a grant/contract/gift.

Not applicable

4. RESEARCH SUMMARY: Please summarize, in lay language, the objectives and significance of the research.

Adjunct faculty are in demand due to schools of nursing facing a growing nb0 nursing faculty shortage. Hiring adjunct faculty is a strategy that schools of nursing use to fill vacant positions. According to the National League for Nursing (2010), "the 2006 census estimated that the number of part-time baccalaureate faculty grew 72.5 percent since 2002, and that more than 58% of baccalaureate and higher degree programs and almost half of associate degree programs (47.5%) report hiring part-time faculty as their primary strategy to compensate for unfilled, budgeted, full-time positions," (p. 2). Adjunct clinical faculty are being hired to primarily teach in the clinical setting to off-set the clinical faculty vacancies. The transition into academia is a challenging one. A descriptive, non-experimental quantitative approach is chosen to examine what information novice adjunct clinical faculty need during orientation to be successful in their transition from expert clinicians to novice educators. Benner's From Novice to Expert (1982) and Knowles' Adult Learning Theory (1980) are the theoretical frameworks will be used to guide the research and discussion of the findings. There is a lack of literature that examines the preparation of new adjunct clinical faculty for their role (Hewitt & Lewallen, 2010).

5. PERFORMANCE SITES: Including WCSU sites, describe ALL the research sites for this protocol. For each non-WCSU site, describe: Whether the site has an IRB & your stage in the process of seeking that approval; Whether the site has granted permission for this research to be conducted; Contact info for the site; and attach any relevant supporting materials.

Sites include all Commission on Collegiate Nursing Education (CCNE) accredited Baccalaureate of Science in Nursing programs. There are 638 CCNE accredited programs in the United States. IRB approval will be sought only at WCSU. Data will be obtained via an online survey.

6. PARTICIPANTS & RECRUITMENT: Describe who will participate in the research, how many people, and how they will be recruited. Indicate any special or vulnerable classes/populations included in the design. Describe solicitation via advertising (e.g., posters, flyers, internet), face-to-face interactions, phone, classrooms, registries, referrals, etc. Attach any recruitment/solicitation materials to be used. Address if: any of the researchers are associated with the subjects (e.g., students, employees, patients); any specific agencies providing access to subjects or their data; who will contact subjects.

Participants will be recruited through the schools of nursing administrators (e.g. Dean, Director, or Chair) of the CCNE accredited BSN program. The steps will include sending an e-mail to the nursing administrators briefly describing the goal of this study and asking them to reply if they do have any adjunct clinical faculty with two years or less experience in their program and to indicate how many adjunct clinical faculty they have. If the schools of nursing has adjunct clinical faculty, the nursing administrators will receive another e-mail to forward to the adjunct clinical faculty in their institution. For those nursing administrators who do not respond a reminder e-mail will be sent to ask them to reply to the e-mail within a week of the initial e-mail. The results of this process will help identify the number of eligible institutions with one or more adjunct clinical faculty with two years or less of academic experience and provide information necessary to calculate the response rate for this project. The next step in this process is to send a second e-mail to all of the schools of nursing administrators who have indicated they have adjunct clinical faculty with two years or less experience at their institution. This e-mail will ask them to forward the e-mail to adjunct clinical faculty. Attached to the e-mail will be the cover letter which contains information regarding the study, informed consent, and the link to the survey. At the end of the survey the participants will be asked if they would like to be entered in a drawing for one of two $50 Amazon gift cards.

6A. PROTECTED HEALTH INFORMATION (PHI): The IRB must address the privacy and use of health information that is created, received, or housed by health care providers, health plans, or health care clearinghouses and that identifies or could be used to identify an individual. During *either recruiting or data collection*, will you use or have access to such information that is related to the past, present or future health or conditions of a *living or deceased* individual, provision of health care to the individual, or the payment for the provision of health care to the individual? ☐ **Yes** ☒ **No**

7. RESEARCH PROCEDURES: Using LAYMAN'S LANGUAGE, specifically describe what the participants (treatment groups and controls) will do and where the research activities will take place. Give approximate dates and durations for specific activities, including the total number of treatments, visits, or meetings required and the total time commitment. Address if: any of the researchers are associated with the subjects (e.g., students, employees, patients); **Include a copy of each of your measures as attachments.**
For schools-based research where class time is used, describe in detail the activities planned for nonparticipants and explain where (*e.g.,* in a classroom, in a private area) both participants and nonparticipants will be located during the research activities, and a rationale/method for assuring students who choose to not participate will not be affected in their course standing. Include a concise description of procedures, locations, time commitments, and alternate activities on the relevant consent and assent (for minors) forms.

All participants of this study will be volunteers. They will be provided with a cover letter that will provide a description of the research study. The cover letter contains the purpose of the study, how the study is designed, how long it will take to complete the exam, how confidentiality will be maintained, information secured, IRB approval, risk/benefits as well as incentive to increase participation. The study is not designed to benefit the participants directly, however there is the possibility that the participants may learn about the anticipated role of the adjunct clinical faculty through their participation. Risks for this study were similar to the same amount of risk an individual would encounter when participating in an online general survey. Completion of the online survey instrument and demographic questionnaire inferred consent to participate in the study, as stated in the cover letter. Information on how to contact the investigator of this study, as well as the Institutional Review Board of Western Connecticut State University, will be provided to each participant in the cover letter. Participation is completely voluntary and the participant can end the survey at any time, with no penalty. It is anticipated that the one-time survey will take approximately 20 to 30 minutes to complete. Upon completion of the survey, participants will be asked if they would like to be entered in a drawing for a chance to win one of two $50 Amazon gift cards. This is an incentive to increase participation. Entry into the drawing will not be connected to the survey results. The Needs Assessment Survey for Topics Inclusion in a Guide to Orientation (Orientation Learning Needs Assessment Survey) includes 49 questions representing 6 aspects of an orientation into an adjunct clinical faculty position. Each of these questions is to be evaluated in two ways: (1) using a scale from 1 to 5, with higher scores indicative of greater importance and (2) whether or not the information was provided during orientation. These 49 questions will then be followed by three types of demographic information: (1) personal information (e.g. age, gender), (2) information regarding the participants' (e.g. clinical specialty, degrees obtained) and (3) information regarding adjunct clinical faculty position (e.g. did you receive a formal orientation to your role as an adjunct clinical faculty member).

8. DATA COLLECTION: Explain who will be collecting the data and how it will be handled in terms of the following: Please explain how confidentiality will be maintained during and after data collection. If applicable, address confidentiality of data collected via e-mail, web interfaces, computer servers and other networked information. If anonymous data collection is proposed, provide details of how investigators *will not have the ability to trace responses to subject identities.* For multiphase data collection or if multiple contacts will be made with subjects, specifically explain the subject tracking and coding systems. Identify if (what) any inducements or rewards will be offered.

The instrument identified for this study will be converted to an online survey through Survey Monkey. The data will be collected electronically during a three week period. Based on the findings of Hamilton (2009), it is anticipated that most of the responses will be received within the first two weeks of the survey invitation. However a reminder email will be sent to the school of nursing administrators to have anyone who has not yet completed a survey to please do so. Data will be collected via Survey Monkey which will them be exported to Microsoft Excel file to be later imported to Statistical Package for the Social Science (SPSS). Data will be stored on a password protected hard drive, which the researcher only has access to. Once all data is collected the researcher will work with a statistician to run the data analysis. All data collected will be used for the analysis unless there is an over-representation of a particular geographic region. Therefore, once the survey is closed, data will be organized by programs to determine a response rate and geographic representation of programs. If it is determined that one or more regions is over-represented then a stratified random sampling will be performed based on the percent of programs in each region.

9. CONSENT PROCESS: University policy requires the execution of a comprehensive, written document that is signed by the subject (or the subject's authorized representative) as the principal method for obtaining consent from subjects. The language in the document must be understandable to the subject or the subject's legally authorized representative. Children must *assent* (or, voluntarily agree) to participation and a parent must separately consent on behalf of their child (*i.e.,* two different forms are generally required). Children under age 8 may assent either orally or passively, depending on their level of maturity. Children 8–17 years old should sign a written form unless the WCSU IRB approves a different process. Describe steps taken to minimize the possibility of coercion or undue influence. Indicate the language used by those obtaining consent. Indicate the language understood by the prospective subject or the legally authorized representative. Describe when/where consent will be obtained, how often, and by/from whom. Attach all consent/assent forms.

A cover letter describing the study and informing them about risks and benefits of participating will be provided to each participant prior to completion of the survey. Completion of survey instrument and demographic questionnaire will infer consent to participate in the study. Participation is completely voluntary and the participant can end the survey at any time, with no penalty. See attached cover letter.

10. RISKS: Specifically describe all known risks to the subjects for the activities proposed and describe the steps that will be taken to minimize the risks. Include any risks to the subject's physical well-being, privacy, dignity, self-respect, psyche, emotions, reputation, employability, and criminal and legal status. Risks must be described on consent forms.

Risks for this study were similar to the same amount of risk an individual would encounter when participating in an online general survey. No specific known risks are identified.

11. BENEFITS: Describe the expected benefits of the research to the subjects and/or to society.

The study is not designed to benefit the participants directly, however there is the possibility that the participants may learn about the anticipated role of the adjunct clinical faculty through their participation. The main benefit is for schools of nursing to understand the needs of clinical faculty and be able to provide an orientation and support to retain qualified adjunct faculty.

12. RISK/BENEFIT ASSESSMENT: Weigh the risks with regard to the benefits. Provide evidence that benefits outweigh risks.

The literature provides evidence to support orientation and that helping clinical nurse's transition into the academia role is beneficial to novice educator as well as to the school of nursing. Orientation improves retention of adjunct clinical faculty. There are no know risks for the participants in this study, except feeling less confident if the adjunct clinical faculty thinks they should have known something on the tool that they do not.

13. RESULTS DISSEMINATION: Detail proposed form(s) of dissemination (e.g., journal, thesis, academic papers/presentations, industry/professions, etc).

The results of the study will be presented in my doctoral dissertation and later will be submitted for publication in a peer reviewed journal and presented at conferences

14. INDIVIDUAL INFO: Will *any* individually identifiable information, including images, be published/shared/otherwise disseminated?

☒ No
☐ Yes

If yes, participants must provide explicit consent or assent for such dissemination. Provide appropriate options on the relevant consent/assent documents.

15. INVESTIGATOR ASSURANCES: The signature of the Responsible Project Investigator is required (scanned or signatures are acceptable). Other investigators are also responsible for these assurances and are encouraged to sign.

- I certify that the information provided in this application, and in all attachments, is complete and correct.
- I understand that I have ultimate responsibility for the protection of the rights and welfare of human subjects, the conduct of this study, and the ethical performance of this project.
- I agree to comply with all WCSU policies and procedures, the terms of its Federal Wide Assurance, and all applicable federal, state, and local laws regarding the protection of human subjects in research.
- I agree that any changes to the project will be submitted to the Institutional Review Board for review prior to implementation.

I certify that

- the project will be performed by qualified personnel according to the WCSU IRB-approved protocol.
- the equipment, facilities, and procedures to be used in this research meet recognized standards for safety.
- no change will be made to the human subjects protocol or consent form(s) until approved by the WCSU IRB.
- legally effective informed consent or assent will be obtained from human subjects as required.

- unanticipated problems, adverse events, and new information that may affect the risk–benefit assessment for this research will be reported to the WCSU IRB Office (203-837-8470; irb@wcsu.edu).
- student and guest investigators on this project are knowledgeable about the regulations and policies governing this research.
- I agree to meet with the investigator(s), if different from myself, on a regular basis to monitor study progress.
- if I will be unavailable, as when on sabbatical or other leave, including vacation, I will arrange for an alternate faculty sponsor to assume responsibility during my absence. I will advise the WCSU IRB by email of such arrangements.

I further certify that the proposed research has not yet been done, is not currently underway, and will not begin until IRB approval has been obtained. I realize that some changes may alter the exempt status of this project.
[Current IRB policies mandate that handwritten signatures for each person involved in the research accompany this form. If you do not have an image file of your own signature to copy/paste below, consider taking a picture of the page (or your signature) and pasting it in the appropriate location below].

Primary Investigator (or Faculty Sponsor, if student project): Cheryl Reeha Date 1/29/15

Investigator: Monica S. ACNS-BC, APRN Date 1/29/15

Investigator: Ellen Abate RN, Ed.D. (program coordinator) WCSU/SCSU Date 1/29/15

Investigator: Date

Add more as needed…

APPENDIX J

National Institute of Health (NIH) Training Certification

Certificate of Completion

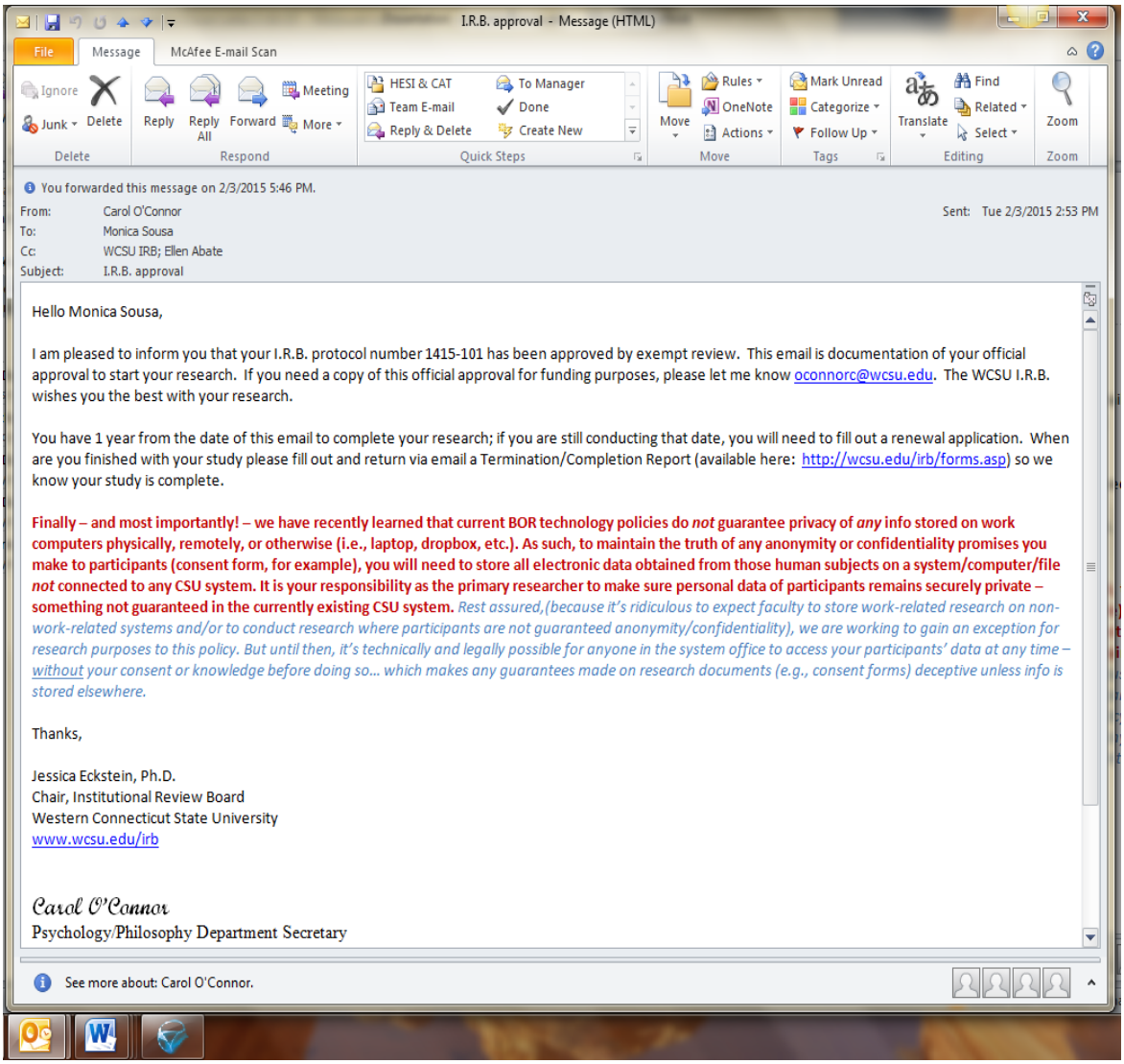
The National Institutes of Health (NIH) Office of Extramural Research certifies that **Monica Sousa** successfully completed the NIH Web-based training course "Protecting Human Research Participants".

Date of completion: 04/14/2014

Certification Number: 1449438

APPENDIX K

Institution Review Board Approval E-mail



I.R.B. approval - Message (HTML)

File | Message | McAfee E-mail Scan

Ignore | Junk | Delete | Reply | Reply All | Forward | Meeting | More | Delete | Respond

HESI & CAT | Team E-mail | Reply & Delete | To Manager | Done | Create New | Quick Steps

Move | Rules | OneNote | Actions | Move

Mark Unread | Categorize | Follow Up | Tags

Translate | Find | Related | Select | Editing

Zoom | Zoom

You forwarded this message on 2/3/2015 5:46 PM.

From: Carol O'Connor
To: Monica Sousa
Cc: WCSU IRB; Ellen Abate
Subject: I.R.B. approval
Sent: Tue 2/3/2015 2:53 PM

Hello Monica Sousa,

I am pleased to inform you that your I.R.B. protocol number 1415-101 has been approved by exempt review. This email is documentation of your official approval to start your research. If you need a copy of this official approval for funding purposes, please let me know oconnorc@wcsu.edu. The WCSU I.R.B. wishes you the best with your research.

You have 1 year from the date of this email to complete your research; if you are still conducting that date, you will need to fill out a renewal application. When are you finished with your study please fill out and return via email a Termination/Completion Report (available here: http://wcsu.edu/irb/forms.asp) so we know your study is complete.

Finally – and most importantly! – we have recently learned that current BOR technology policies do *not* guarantee privacy of *any* info stored on work computers physically, remotely, or otherwise (i.e., laptop, dropbox, etc.). As such, to maintain the truth of any anonymity or confidentiality promises you make to participants (consent form, for example), you will need to store all electronic data obtained from those human subjects on a system/computer/file *not* connected to any CSU system. It is your responsibility as the primary researcher to make sure personal data of participants remains securely private – something not guaranteed in the currently existing CSU system. *Rest assured,(because it's ridiculous to expect faculty to store work-related research on non-work-related systems and/or to conduct research where participants are not guaranteed anonymity/confidentiality), we are working to gain an exception for research purposes to this policy. But until then, it's technically and legally possible for anyone in the system office to access your participants' data at any time – without your consent or knowledge before doing so... which makes any guarantees made on research documents (e.g., consent forms) deceptive unless info is stored elsewhere.*

Thanks,

Jessica Eckstein, Ph.D.
Chair, Institutional Review Board
Western Connecticut State University
www.wcsu.edu/irb

Carol O'Connor
Psychology/Philosophy Department Secretary

See more about: Carol O'Connor.

APPENDIX L

Narrative Responses to Open ended Questions

Category 1 Comments: Orientation of Clinical Component of Course

- Information regarding the clinical site (who to contact, orientation, etc.)
- I feel the University felt I should know what to do and orientation was slim, questions arise as I go along.
- Rubric for student assignments, guide to student evaluations, plans for students who are experiencing challenges.
- The course in help in is a Family/Community course, so is not like a hospital based clinical. Much of what I have learned has been observation of the primary instructor and discussions with her regarding classes and content. More information regarding the clinical opportunities that students were to choose would have been helpful. We use BlackBoard for communication with students and course content and I mostly have to learn on my own. Very little orientation was provided.
- I catch on fast because I was an agency nurse for a long time but if I did not have that behind me.... I would have been lost...all of what I feel is critical appears not to be so and there is fragmentation between the clinical and theory applications
- I would have liked to shadow with a full time faculty member to learn more about the program, curriculum and expectations of the student's during clinical. One problem I am having is that the census is very low on our unit, leaving us with little to do. I have prepared my own case studies and research topics related to the course I'm assigned to, but they weren't given to me by the university.
- I was never provided an orientation, however my fellow colleagues have been a beneficial resource and have provided the guidance I have needed with the questions and issues I have encountered.
- In general I feel the information received was adequate but I would have liked more detailed information. I know I can call the course coordinator if a situation arises that I have questions about, but it would be nice to have more details to be able to find more answers myself.
- I would have really liked a mentor that had been a clinical instructor prior to bounce questions and ideas off.
- A better orientation and guidelines to follow so that there is continuity among all the clinical instructors
- I didn't feel like I was thrown to the wolves, but clearly I could have used better orientation.

- A mentor, someone who had instructed for same level of students in same location. Resources for teaching -- questions to ask to stimulate thinking, etc; more guidance for what to do if situations.
- I am not a clinical based instructor but rather a classroom based instructor. I came to the clinical orientation to meet the clinical instructors and develop a working relationship with them. It was very beneficial to see the information presented to them.
- A paper with list of patient scenarios. more information regarding my role during the simulation.
- A step by step guide with screen shots of how to navigate the different computer programs that are accessed. We use like 3 or 4.
- Processes on failing students in course work and what referrals could be provided
- I have been a graduate assistant for 2 1/2 years prior to being hired as a faculty member when I graduated. I understood the routine, but I was not given additional information on any of these things really because I already had dealt with issues. What I don't really know much about is what to do when the role of faculty (I am 50 %) and my role of lab mentor or graduate assistant for which I am paid 1/2 as much blur. I have had to navigate benefits, etc. on my own.
- I did not have an orientation.
- I would like to see the required care plans and learn the expectations of the students in completing them. Wouls [sic] also like to discuss the issues that may arise if students are unprepared for classes etc.
- No Lab Coordinator which I feel is crucial for Instructor's success
- Orientation class was provided to obtain this information with opportunity for questions. Additional information was obtained from the faculty/student handbook with included forms.
- There seemed to be a lot of information given during orientation. Everything was covered well, and when questions did arise we were given great access to our support team.
- A concrete (structured) orientation program to aide faculty members new to the role of academic/clinical instruction.
- I was given the student handbook and told to call/text if I had any issues. I would have liked to have more information on what was expected from the students in regards to paperwork upfront with examples and such.
- Information on what patients should be given to sophomore level students.
- A well developed orientation program is critical for new instructors and I only did well because a) I have years of experience planning orientation programs, b) I've taught before and had a good idea of what needed to be done and c) I have a lot of initiative and ask questions. However, I was very disappointed with the course director who failed to share all of this critical information.

- I would have like to have had an orientation.
- Clinical orientation was extremely general. We got direction re: where to go to read information, but review of very little of the above information and expectations was done. It was just assumed that we would know what to do. We knew there were policies but it gave very little in the way of understanding re: how we were to carry out such policies. If anything came up we were left to ask more experienced instructors what they did in such cases. Moreover, we were not formally assigned to any experienced faculty for information. Many of the professors in orientation had already gone through it in past semesters so I think it was assumed those of us who had never been clinical faculty would learn by osmosis.
- I received all the information and needed and where to get assistance if needed.
- I started teaching in the spring semester which is mid-year. No formal orientation was provided in one of my courses, but I did receive one-on-one orientation in the other. I think a lot of materials are provided on-line and require self-directed learning. It's not a bad resource but it cannot be the only source of information for a new instructor/faculty.
- Clearer defined expectations
- I would have appreciated any kind of an orientation. I had performed in the role of a TA for one semester, but was brought in between the Fall and Spring semesters. There was no orientation for either the X X courses. Most information was gathered by personally seeking answers from other clinical instructors.
- Needed a consistent process to orient , a mentor and a list of names/resources available to Adjunct Faculty.
- More guidance on evaluating students and process of remediation
- I am not involved in the simulation lab at all; an orientation to the lab would have been helpful!!
- There needs to be clearly written information on all aspects of clinical as well as being assigned to one specific person to whom you can go for clarification of any situations.
- I would have liked more information on grading. The current system makes grading highly subjective. It would be beneficial to have assignments in a point system format where points could be deducted for missing/absent/or incorrect.
- My orientation was very much lacking but I would have to say that the other instructors were very helpful in filling in the holes for me when needed. I would say I definitely didn't get enough information during orientation.
- I needed an orientation provided by another instructor. My orientation lasted 1 hour and was completed by the HR person.
- I really had very little orientation, and I had never taught anything other than CPR classes

- I am an adjunct for two universities and both gave me very good orientations and staff always available with questions during semester.
- Needed to follow someone at least one day who currently was teaching at clinicals and have a class on how to grade careplans etc.
- I am clinical faculty for FNP Master's students. I did not have any orientation when I started this position 9 years ago; I think that an orientation prior to accepting the position would have saved a lot of trial and error on my part; I am very comfortable now in my position.
- I talk/email weekly with the lead instructor so I feel my orientation is ongoing.
- a formal orientation booklet with contact information, policy and procedures, etc..
- would like a detailed handout regarding the proper handling of the above situations
- Information on how to deal with situations that arise....student nurse injury, student nurse error, etc. An informational packet that included the job description and other information that I might need could be provided.
- I formation from current full time faculty on their experiences
- Computer training for grading
- A general orientation for new faculty as well as a faculty mentor during the first year of employment.
- As new faculty, better understanding of concurrent courses, what was covered in prior semester and level expectations for student clinical performance.
- ALL OF IT. X has failed me considerably. I was not even given information as to how to change my tax information, check X email, get in touch with students, the chain of command for students who need disciplinary action. It is the most unorganized of all of the schools I have worked at and honestly it's a shame and I am shocked that they are able to keep adjunct faculty. In this position we are meant to fill in and help where needed so since we are not FTEs I feel that is why we are not given more information or resources that would make us successful. I was not even given resources for who is who on the campus who can answer questions. It is appalling. They basically leave you to sink or swim and figure it out alone as you go. Even in the lab days they are unorganized. One time they were having a station on fetal heart tracings and asked me to print some off the internet to go over. If you already have the station so you know it's something you are going to do why am I the one to print the information for you?!? I hope you share this with the school and the higher ups, they should know that the only reason people stay is the pay it's the best pay for any college but other than that it's an unorganized mess of epic proportion.
- My situation is somewhat different in that I am an online faculty member so my needs differ from those on site. Some of your questions are not applicable but there is no n/a option to respond

- I think the course lecturer/professor should be in contact with the adjunct clinical faculty if a student is struggling with the course content or is missing classes.
- How simulation can assist the clinical experience
- I never received any form of orientation; everything was on line and it was up to me to navigate through to figure out what I would need; my on boarding process took 4.5 months and I was responsible for learning everything on my own. There are no benefits and I was not reimbursed for anything that was required to get the position (flu shot, TB test, chicken pox titer, etc); there are no benefits offered and I was required to purchase my own health insurance; no orientation on the format of student assignments, mid term has passed, and i still don't know what I am doing. I received no training.
- A packet of information to be handed to faculty not computer resources.
- No additional information
- Better information on SIM
- I feel I was not prepared for what to do with a student who was ill, absent, late, unprepared, or not safe for clinicals. One this came up I had to seek out help and even then it was just sending them above me. I don't know what to do if they miss a day or how to make up, or what to do if I am sick or absent. Being an adjunct I get missed in a lot of emails regarding what is going on and what the schedules should be. I feel I have to ask a lot of questions and remind them to include me in correspondences. I do however revieve [sic] emails that the students get as I am classified as a teachers aide and not a faculty in the system.
- The covered information was sufficient
- First of all I never received an orientation the first time I started teaching (2 yrs ago) as Adjunct Prof. I was always involved in informal education as part of Critical Care Educ committee & years ago in Canada when I was a preceptor for senior college student nurses I received a 2 day orientation for precepting student nurses. I used a combination of these experiences, ways of knowing, as preceptor for new & experienced RNs & how I would have wanted someone to teach me 3 decades ago when I was a student nurse. I have since passed on this knowledge/tips to newer Adjunct Clin [sic] Instructors to help them ease into their roles (wish someone had done that for me).
- More training, hands on with grading, paperwork and computer use. Practice scenarios to walk through.
- Simulation not part of my position as psych mental health adjunct Resources are always available to meet my needs
- More specifics about student expectations at this point in their education and guidance to address any student potentially not meeting expectations.
- It is difficult to say that I didn't receive enough information in orientation. Many of the situations that I felt I was unprepared for were those that I just had to

actually experience-no preparation would suffice. For example, student incivility, unpreparedness, and other professional, affective domain-oriented concepts.

- My orientation was very good, there was a faculty meeting for adjunct prior to start of clinical. More focus on if injury occurs on site, student ill, etc., during orientation looking back might have been a good idea. Overall, my orientation was a good experience.
- The orientation process needs to be more thorough

Category 2 Comments: Orientation of Clinical Site

- I am teaching in a Family/Community course, so the questions on facility do not apply. The students selected their clinical sites with approval from us. They then attended without our onsite presence.
- A longer Cerner orientation and policies related to the different facilities
- I already worked at my clinical site as an RN
- At the college where I work, the adjunct faculty sets up an orientation with the unit/facility manager, so the quality of orientation to the clinical site is dependent on that manager. It is up to the clinical faculty to prepare ahead-of-time questions to ask the manager. I think it would be helpful for the college to provide a list of recommended items to cover with the manager during the orientation. As a new adjunct it is difficult to think of all the items you need to know before the clinical has begun.
- More positive attitudes from staff
- NA. A side note, I currently work at the facility that I am Adjunct at so I have marked items neutral or not important to receive in Adjunct Orientation because I already have that information. The person doing the orientation knew that as well. Not sure if it changed what they covered or not.
- An introduction to staff who were interested in serving as preceptors, vs. having to meet them and assign students to them on the morning of the clinical experience without knowing anything about any of the staff nurses. Recommendations on how to teach charting within the electronic medical record during limited time period, i.e. how much is reasonable to expect such as physical assessment/pain/vital signs/meds only?
- This section does not have a strong application for me since I am classroom instruction, only.
- Again, already work here and have learned on the job. I hope a new person isn't thrown in.
- I was shown through the facilities, briefly given information of supplies
- I believe that the issues with this piece so far is not that it may not be provided but since there are multiple clinical sites and i have not yet been assigned to a site. However would love to have sufficient time to learn all of these things at least a

few weeks prior to clinicals to ensure that I am knowlegable [sic] about sites policies and procedures to guide students.

- Providing mentors would be a fabulous idea...students feel very isolated
- I was not hired for the clinical rotations, I do however provide skills lab training for the students before and during their clinical rotations.
- N/A I worked on the unit I was teaching clinical on so I already knew most of this information about the clinical site.
- Better orientation of the floor
- The new instructor is very challenged to orient to both the educational portion of the college/school and the clinical site. This clinical site orientation program must be valued as just as important. This was a major fail on the part of my institution and I had to take matters into my own hands.
- I had previously been employed at the facility. Needed to know about the availability of staff due to some staff having orientees.
- Again orientation was a self activity. A person from the facility came to let us know what was required of us, vaccination, verification of license etc. We were given a phone number to a contact person on the unit. We then went to the unit on our own and got whatever information the supervisor of the unit cared to provide. This was not formal and was extremely limited. In my case I work in the hospital system where I was assigned. I knew the policies and procedures there and the charting system. I know this was not the case for some of my cohorts. The clinical setting did not provide for any location for post conference, this was up to the instructor to locate. I found this very problematic with HIPPA regulations and patient privacy issues. Moreover, how the units preferred assignment be made was never identified. I had to decide upon this myself. In short there was very little organization or coordination for this part of orientation.
- I think that an agreement among multiple facilities for safety/OSHA training is a good idea rather than multiple individual site trainings required of faculty.
- I already was a staff RN at clinical site, which eased transition
- In the clinical setting, the majority of the nurses have been great to work with. However, there are a few who make it very clear that they want nothing to do with the students. It would be nice if those nurses were not scheduled on the days that the students are present!!
- I am a community health clinical faculty member. Because my students care of patients is different than care in a facility, some of the questions were not important to the settings.
- Having not worked specifically on the floor I was instructing on- it made it very difficult to then explain to students the ins and outs of the daily routine etc. (for instance- do they do weights in the morning or evenings?) The floor had infusion pumps that I had not worked with before. I made attempts to set up an shadow

day with the floor manager, but when I arrived for said day- she was not even working that day and there was no one willing to step in and show me the ropes.

- My orientation to the unit was done by the unit manager not the school I was working for.
- The college I teach is associated with the hospital I also work at as a staff nurse. I did not need a tour, even though one was not offered. The other items addressed in the above questions I already knew policies, equipment, etc.
- some computer [sic] issues for students, the hospital did not provide the university with the new policy changes
- i also work at the facility where the clinical is held, so I am familiar with many of the codes, equipment, etc..
- Additional information regarding charting systems
- Orientation to the clinical site was provided by the facility's staff.
- I work at the facility where my clinical is held so I was already familiar with all of hospitals policies etc
- As an employee of the clinical site for my students I was already familiar with the above items and did not require an orientation.
- Each facility is different and I think it is the responsibility of the adjunct to go to the facility and find the information they need to help the students be successful.
- Again I have limited need for some of these issues due to my online teaching position
- a formal in service class under direction of the university to ensure all adjunct faculty are on the same page and things are done in a consistent manner; my students don't seem to know what is going on either; I have also talked to two other adjunct faculty and they seem to be struggling with the same issues that I am
- questions regarding the clinical setting were answered from an employee point of view. I work in the facility were the students had clinical. Question 62- We used EPIC electronic documentation method.
- Information on supplies, printing, etc. or reimbursement for these supplies if provided by instructor
- I am already employed by the hospital I adjunct in so I did not need any orientation to the facility or their policies. I did meet with each unit's educator to complete a competence checklist though. I did not receive information on the clinical day's schedule or mentors for students.
- I had the help of a colleague who worked at the clinical site and was able to help me. There were some clinical sites I was familiar with which was helpful. There should be a point person at the facility to ask questions.
- Some units were great at providing an idea of assigning students to nurses, others were not. Learned by trial & error. Know enough now about what works and what

doesn't and how to deal with the curve-balls for students to get the best possible clinical experiences without drama.

- More site specific information about routines/standard car/documentation.
- I taught in the clinical simulation lab for Adult Health Assessment. Some of these do not apply to me, but I did receive some background information in orientation.
- The unit that we used for our clinical site was excellent. It also helped that I worked at an affiliated site in the health system. The management was very welcoming to students as were the nurses. I was able to tour the unit prior to the clinical day.

Category 3 Comments: Orientation of Nursing Course(s)

- I should just know how to fill out the evaluations.
- More information on student evaluation
- Most of what I needed was learned as the course progressed.
- Would have been nice to work with a peer for evaluations the first time.
- It was difficult to obtain instructor copies of texts. Although I requested them most never arrived.
- Access to current textbook and classroom schedule, how items (journals, concept maps) were evaluated/graded during previous clinicals for these students.
- Handouts, textbooks, and resource materials were all provided to me in advance of orientation. At orientation I met the instructor that taught the same class I was teaching and had been asked to mentor me after orientation. This has worked out very well. X has taught for four years and provided a great depth of knowledge for all of my questions. At six weeks in to the course I feel comfortable. We still meet on a weekly basis and exchange emails when necessary.
- Just feel like I need more training on evaluating the students and grading.
- I was given materials, but not much information
- No access to my evaluations that students did of me
- After going through orientation I found that some of the material resources were not as accessible to adjunct faculty as full time faculty.
- More collaboration between theory and clinical faculty
- I would have liked to know what the students were learning in class and what they had already learned in class.
- In this section I will say I was given the materials with the information but no explanation was provided. I was just expected to know. Moreover, the list of textbooks did not indicate which texts were required and which optional. Some labs required certain review however students indicated they did not have the text because it was not required in some cases. In many cases labs were being formulated during the week of delivery. I often did not have a finalized lab resource for simulation until a day or two before the lab. I was expected to identify any problems with the lab and let the lab director know if I saw a

problem. In many cases when I identified issues I saw with the lab I was told the lab was not about my concern (even when it would impact care of a patient in my assessment) and to keep strictly to the outline. Outlines were vague and expressed objectives of the lab were limited. In the onsite setting there was no guidance regarding what was expected with the exception of the student evaluation tool. This tool was redundant and not user friendly.

- My mid-term orientation was a process of self-directed discovery of the course, materials, curriculum and evaluation process. Much of it was on-line. I would have liked a walk through of the course and how it articulates within the curriculum. Because I had been adjunct faculty for a number of years, but not in this course, I think a lot was assumed about my knowledge of the courses I am teaching.

Category 4 Comments: Orientation of Nursing Faculty

- Introduction to additional faculty members and administrators
- I was introduced by the Dean, but no others. My husband is also at the university, so I was asked to attend functions with him and eventually am learning who is who.
- I have not really had an orientation yet. I am part time faculty this year and will get my orientation when I go full time in the fall. That is more my problem than that of the school
- Schools intra net program and grading program is critical and not reviewed. Seems to be especially problematic for adjunct faculty.
- Nursing program details and intro to classroom faculty.
- I had met most of the school of nursing faculty prior to orientation.
- I was hired for Spring semester and did not attend orientation in the Fall so some of these questions are N/A
- I was told I would have to get my Masters, but I was told I was just an adjunct and some of this did not apply to me.
- Still learning the IT pieces but support is available and sure it will be resolved as i become more familier [sic] with the different programs
- Only introduced to Chair and other Nrsg [sic] Professors
- I feel as though we were thrown into the fire
- Increased collaboration amongst faculty and University Administrators
- Please note that my orientation to computer systems was done by the university at large and not by the school of nursing. They did an excellent job and had 24/7 staff to troubleshoot and they provided immediate and professional assistance in every case. In the case of the school of nursing I was expected on more than one occasion to know or learn a system that the school contracted with outside of the university at large. In these cases on more than one occasion I was given information a week to a day or two before the system was to be utilized. In some

instances I was barred from orientations and utilization of systems that were being utilized for grading of the students because I was adjunct and not full faculty. I had to go through another faculty member for test preparation etc. In fact I was a lecturer and clinical adjunct and the school of nursing IT department did not even know this and refused to assist me initially until I protested and pointed this out to them. I say this not to berate those persons, but to point out that vague orientation standards and informal systems can be problematic to an instructor who from an academic standpoint has no standing in the system. As an adjunct you are no one and shouldn't be asking any questions. Just do what you are told when you are told to do it stay up all night if required to prepare for things that from my perspective should have been planned in advance.

- Many of these items were provided to me as a result of being a graduate student while assisting in teaching clinicals, but there was no new faculty orientation and many things were discovered on my own from exploring the internet sites for the classes. I also received no instruction or information regarding accessing the computer site for the college as an instructor, I just knew how to find different resources from use on other course sites as a student.
- Inclusion with other nursing faculty
- I am seldom on campus, so do not feel as though meeting the administrators was necessary.
- I was fast tracked due to an LOA, I felt comfortable with clinicals but not really knowing the University system or other staff involved in teaching
- the orientation I received was very limited
- everything was covered
- Nothing was provided.
- this is my very first semester as an adjunct faculty member; i have a second level med-surg group (their first orientation) and a fourth level group (their last clinical); when I email for help it seems that no one wants to be accountable to anything; emails are not answered; this is very frustrating; i asked for a med surg text book, the semester is into the sixth week of clinical and I still have not received this book; i asked for a skills text book and was told no. I would think they would be more giving toward the adjunct faculty
- I do not know anything about the nursing program outside of what I do as an adjunct.
- I believe these things are all beneficial to the adjunct clinical faculty role and should be reviewed during a structured orientation.
- Student and faculty manuals were hard to access online. (security blocking)
- I had all the info I needed, was also familiar with most faculty prior to teaching

Category 5 Comments: Orientation of Human Need

- Malpractice insurance coverage, student evaluation of faculty,

- I learn as I go which means asking many questions when needed.
- The building is under construction so this section may be off as far as data is concerned. Half the time I didn't even know which entrance to use to get into the building
- Some questions should have a NA as a response. For example, there are no faculty bathrooms so it doesn't matter if it was not covered or not covered enough it is truly NA.
- Much of this was not applicable to me as a clinical site instructor only, not on campus. I have yet to see my official employment contract though clinical has already started (I've only rec'd an email summary of it and verbal assurances of being paid at the end of the month).
- Pay is important. Teachers need to make more money!
- I share a desk with all the other adjunct faculty(6). I have no way to lock up my things. I must carry all my materials with me. I still have no access with my swipe card after I changed from lab mentor to faculty. It has been 3 months now. I did have a desk as a graduate student but now I do not. Was a bit disappointing. I also do not have a parking space now, but I use to share with other lab mentors. In many ways I feel I have been demoted. I do have my own mail slot :)
- I needed all of the above!
- Improved orientation program
- Some of these questions did not apply beings that I did not have an office and did not need to learn where things like bathrooms were because I was not working out of the school.
- malpractice information
- My chief complaint as an adjunct was that I was not provided with a specific work space. I had to inquire about this and was told that adjuncts did not have offices. I could pick any one of a number of open work spaces but it was not my office and I was not given keys nor allowed to leave anything officially in the space. I was told that they were not responsible for anything left in the area. I was not given a computer neither was I told that I was responsible for providing my own. I of course have a computer but I was not compensated in any way for its use. I was expected to have a state of the art smart phone this was not identified nor was I compensated for the use of my personal phone. I was expected to give counsel to students privately however, I did not have keys to private conference areas and I had to locate someone faculty or housekeeping to let me into conference spaces. Moreover, I did not have a schedule for such spaces. I was not even allowed a key to my lecture area I had to be let in by office or cleaning staff on my lecture days. The director of the program identified that she wanted faculty to be present on campus for students, however without a space to put my materials for class preparation I did most of my work from home. I know this

was frowned upon by the director, but I felt I really did not have a choice. I was not going to carry every book and resource needed for class preparation to and from the university. As it was I had to buy a suitcase to bring materials to and from the school. This was a catch 22 so to speak and I know this is an issue for adjunct professors. I realize that there are space constraints and that universities have great difficulty providing office space with the use of so many adjuncts and their PRN status. But our school of nursing is a new one. There are many empty offices spaces and not a single open office space was assigned that I could see (all open spaces were empty) . If the director wanted full participation from adjuncts who are paid very little for the hours of service they provide and wanted them to feel included with permanent faculty as a part of the team the director should consider that making a work space unavailable to adjuncts will have an affect on faculty interaction and relationships.

- I carry my own Malpractice insurance.
- Again, because I had been adjunct faculty for a long time, I think some of this may have been assumed that I already knew it. The phone is system if very complex and I could have used more orientation to that.
- Emergency numbers
- I have just one emergency contact, and have no problem getting in touch with her. It would have been helpful to have more than one contact.
- a uniform orientation would be beneficial
- nothing
- Adjunct faculty doesn't get office or work space.
- The more questions I answer the more upsetting it is how this institution has failed me. I wouldn't even know if they were paying me correctly or not as I was just given information on accessing pay checks online after working there for 6 months. The only reason I was given the information is because they overpaid me and wanted to know how best to rectify the situation.
- there is only the following for benefits: you can put money in to the 401k plan but the university has no matching contribution you can get your masters degree for 50% off (but I don't want my masters degree; I will most likely be looking for other place of employment as I cannot afford to work here; my on boarding process cost me 480 dollars out of pocket expense
- Malpractice coverage of nursing license provided by Institution Schedule of student evaluation of faculty (including clinical component)List of important and emergency phone numbers (including pagers and cell-phones, emergency response system)
- I am listed in the faculty directory with a phone number I have no idea where to find. Students have paper forms to turn in and I do not have a mailbox. I would of likes information on malpractice, I don't know anything about the coverage for

me. I did not know the pay I would be receiving until after I started and the following semester it was changed and off without me knowing, it wasn't fixed until 5 weeks in because I was missed. I have never received an evaluation from students about my performance.

- I asked for this information as needed it.
- Please note my adjunct Prof position was as Clinical Instructor only. All info in this questionnaire is based on Clinical Instructor position.
- I still am learning some of this. I am proactive in seeking needed information
- Adjunct faculty spend minimal time on campus. Office/bathroom/cafeteria information not really applicable.
- To note, malpractice coverage not provided by university, employees must have own coverage

Category 6 Comments: Orientation to General Office

- Again, asking many questions when needed.
- I was not oriented to the school of nursing...
- I'm not on campus and do not need office access, or supplies.
- I think there is a code for the copy machine which I never received.
- Used my own machines and computers and supplies
- Again, not applicable as I do not teach on campus.
- I was introduced to office staff prior to orientation. I was assigned an office and set up with access to machines the first day after orientation.
- I have fits with the copier, and have no idea how to use the fax.
- I needed information where to find supplies and how the copy machine worked and what all the codes were.
- I was not formally oriented to any of this. In fact the other professor who co-taught my lecture course provided this information to me when I had questions. Otherwise I would not have known it.
- The administrative assistant did an excellent job providing this orientation.
- a more informative standardized [sic] orientation wpuld [sic] be better
- I could have benefited from a 4-8 hour face to face orientation prior to going in to the clinical setting with my students; it was left up to me to go into the facilities and set up the arrangements; up to me to come forward to my students the first clinical day (it would have been helpful had I known what they looked like prior to clinical start)
- Location and access of copy machine, fax, computers, printers, office supplies
- I do not have access to a copier or printer other than my home personal one for printing schedules and clinical forms. I do not know where the nursing office secretarial staff are located.
- Was previously familiar with facilities, office staff, prior to becoming adjunct faculty